From Risk to Resilience:

Building the Social and Emotional Health of Oregon's Most Vulnerable Young Children

The social, emotional, and behavioral health of young children provides the foundation for success in school and beyond. This health is developed over time and through relationships. Children growing up in adverse circumstances are at great risk of not developing what it takes to overcome the challenges they face. This report looks upstream and asks why and how to do more to promote the healthy development of our youngest Oregonians.

The Children's Institute envisions an Oregon where every young child enters kindergarten ready to succeed in school and life. To realize this vision, the Institute promotes wise investments in early childhood.

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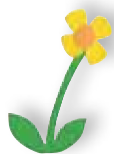

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Friends and colleagues,

ANY MOTHER OR FATHER KNOWS how isolating taking care of a newborn can be, especially without reinforcement to help determine if you are doing things right and respite from the sleep deprivation that can make the most grounded person unstable. Add maternal depression, domestic violence or poverty, and the barriers to successful parenting can become overwhelming.

Our failure to truly support parents, particularly when risk factors are clear and present, is a danger and tragedy for us all. In the United States, we have adopted a "fire department" approach to providing help with child rearing. If the problem is severe enough, parents can generally find an emergency response but not resources for true prevention — by that I mean proactively supporting the healthy social and emotional development of children, particularly in the earliest years of life. Instead a child must first be diagnosed with a verifiable problem to justify public resources for treatment.

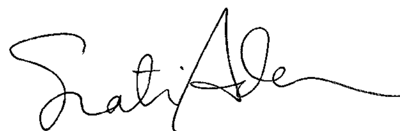
This is a costly, inefficient and short-sighted approach to preventing problems, and the signs of its failure are all around us: preschool children being expelled from classrooms; a tattered child welfare system that is unable to meet the demand for its services; a broken adult mental health system more compromised with each state or local budget passed. The list goes on.

The Children's Institute was founded in 2003 on the firm belief that the time has come to align public dollars with research and, quite frankly, common sense. Treating problems before they occur by promoting investments in healthy development in the early years is at the core of the Institute's work.

Our goals for this report are to illuminate a problem that affects all Oregonians and to identify strategies that are making a positive difference. We interviewed state and national experts, visited programs and combed the research on best practices to shed light on solutions. We started this study focused on early childhood "mental health." Along the way, we learned that mental health for young children is first and foremost about positive social, emotional and behavioral development. It is also just as much about adults as it is about children. We thank the Maybelle Clark Macdonald Fund for recognizing the need for immediate action and supporting our research as a first step.

The Children's Institute is and will remain focused on school readiness because it is a critical milestone for children to reach in order to be successful in school and life. But school readiness does not happen without a child experiencing positive relationships. This report emphasizes what we can accomplish for Oregon's at-risk children. When we act early, we put children on a path that positively affects a lifetime. There is nothing more important we can do for a child than build a strong foundation of social and emotional well-being.

Warm regards,



Swati Adarkar
Executive Director

Introduction: School readiness *is* social, emotional and behavioral health

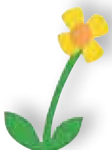
THE SOCIAL, EMOTIONAL AND BEHAVIORAL HEALTH of young children provides the foundation for success in school and beyond. To put it simply, children who are engaged, able to focus, cooperate with peers, accept supervision from adults and regulate their emotions are much more likely to do well in school than those who are not. Children who are routinely distracted or disengaged, constantly fighting with their classmates and teachers, or too often swept away by their emotions will struggle. Many will fail.

This state of health or wellness is developed over time and through relationships. It starts to form when a parent responds to an infant's cries. It strengthens as parents and caregivers guide toddlers beginning to explore their world. It grows as caregivers and early educators provide guidance as preschoolers begin to make friends and learn how to play with others.

The social, emotional and behavioral health that children build during their early years provides a critical foundation for development through later childhood and into adulthood. Many factors can jeopardize this health. Depression makes it difficult for a parent of a newborn to offer the responsiveness needed for an infant to develop a sense of security. Stresses brought on by poverty, unemployment, addiction and social isolation can inhibit parents' ability to provide a safe and predictable environment that enables toddlers to develop a sense of autonomy. Delays in language acquisition can prevent a preschooler from successfully engaging with peers and acquiring new social skills. And abuse and neglect leave emotional scars that can last a lifetime.

"Any serious educational initiative that hopes to positively impact the achievement gap must begin with an early social and emotional focus."

J. Ronald Lally, Ed.D.,
Co-Director, WestEd Center for
Child & Family Studies



While the strength of the relationship between parent and child is the most vital and basic component for building social, emotional and behavioral health, there is also much that can and should be done to help children and families overcome risks and build resiliencies. One consequence of not acting is young children who are unable to take advantage of educational opportunities. Another is teenagers who abuse drugs and alcohol or drop out of school. It is also adults with mental health problems that resist treatment.

We know what it takes to put children on a path to social, emotional and behavioral health and provide them with a solid foundation for school success:

- It's pediatricians performing developmental screenings during well-baby checkups and knowing how to direct families in need of additional guidance to the right resources.
- It's therapists working directly with parents and their young children to help them develop the secure attachment that will provide a solid foundation for social, emotional and behavioral development.
- It's abuse and neglect prevention programs that help families with young children that are under extreme stress build stability and resilience.
- It's high-quality early care and education programs that integrate the promotion of social, emotional and behavioral health into all aspects of their work.
- It's an entire school coming together to develop shared expectations about appropriate behavior.

This report highlights examples of all these prevention strategies at work in Oregon. Much is being done to make sure children get off to a good start, but it is not enough. Too few resources are devoted to prevention efforts. As a result, Oregon spends significant resources downstream on remedial education, foster care placements, juvenile justice, and addiction and mental health services. Beyond these financial costs, there is also the cost of lives that could have been something different — something better — if only we had acted earlier.

Developing social, emotional and behavioral health

> "We tend to think of mental health as the presence of a 'bad thing' like a disease. It has to mean wellness, and it doesn't happen by accident. Specific knowledge and skills are needed on the part of adults to create positive mental health."
>
> Steffen Saifer, Ed.D., Director, Education Northwest Child and Family Program

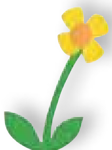
SOCIAL, EMOTIONAL AND BEHAVIORAL HEALTH is the ability to:

- persist in the face of obstacles;
- pay attention, follow instructions and complete tasks;
- control impulses and delay gratification in the pursuit of longer-term goals;
- recognize and regulate emotions;
- recognize social rules and follow them;
- feel and express warmth and caring for others;
- accept warmth and care from others;
- feel empathy and understand the perspective of others;
- feel a sense of self-worth and competence;
- feel safe and secure while trying new things; and
- find joy in accomplishments.

The social, emotional and behavioral health developed during a child's first eight years establishes the foundation for school success and lifelong health. It is primarily through relationships with adults that this health is developed. While it is parents who are most central to this story, teachers, caregivers and peers play a crucial supportive role.

The fundamental role of parents in developing the social and emotional health of their children starts at birth. In the early months it is the mother's or other caregiver's soothing responses that literally calm the baby, what researchers call co-regulation. Heart rate, breathing, body temperature and digestion, along with emotions such as fear, worry and pleasure, are all regulated secondhand by the presence of a responsive parent. Adults rub the gassy tummy, change the wet diaper, feed the hungry child or otherwise stop the negative sensory input. The attuned parent not only coos and makes faces in response to the baby's coos and faces, but also learns when the baby needs down time. Secure attachment results "when the child was hugged when he wanted to be hugged and put down when he wanted to be put down."[1] Our brain learns by repetition that we are safe and that others will provide for us and comfort us. Through this repetition, infants learn how to soothe and comfort themselves and begin to regulate their own emotions.

Secure attachment provides a solid platform for much of the social and emotional development that follows. As children grow, they gradually need less soothing and more assistance with tasks, more explanations of acceptable behavior and more verbal encouragement. Children evolve from being *externally* regulated by parents or other adults, such as grandparents or child care providers, to being *internally* regulated by repeatedly practicing appropriate social interactions. Parents also model appropriate behavior and how to express emotions, resolve conflict and accept responsibility. At each step, parents perform a delicate balancing act between protecting and guiding their children and allowing them the opportunity to explore the world, solve problems and experience adversity and frustration.



As children enter child care, preschool and kindergarten, other children, as well as other adults, become even more important players. Children learn how to play, cooperate, share and resolve conflicts with other children, both on their own and with the support of teachers and caregivers. Self-regulatory skills that children develop during these early years — the ability to pay attention, follow instructions and persist in tasks — take on new significance as they enter elementary school and begin more formal instruction. Teachers and caregivers continue to partner with parents in guiding behavior and modeling social interactions, as well as in helping children develop a sense of self-worth and competence. The warmth and support provided by these adults can also be an important resource for children, particularly when they go home to an unstable family environment.

Self-regulation and School Success

RESEARCHERS ARE CONFIRMING the importance of social and emotional skills such as self-regulation to success in school and later life. Self-regulation includes attentive listening, following directions and having self-control. Oregon State University researcher Megan McClelland and her colleagues have developed a measure of self-regulation for preschool- and kindergarten-age children called the **Head-to-Toes Task.** Children are instructed to touch their toes when asked to touch their head, and to touch their head when asked to touch their toes. This simple task combines the three core elements of self-regulation: attention, working memory and inhibition. The children have to focus on the task, remember the rule to "reverse," and inhibit or control their impulse to do what the words say. How well children do this task is a good predictor of how well they will do in school, as measured by math and reading scores, all the way to sixth grade. Dr. McClelland has also found that children's self-regulation at age 4 predicts math scores at ages 7, 12, 16 and 21, and reading scores at age 7. In addition, children who scored higher on self-regulation at age 4 had 51 percent greater odds of completing college by the time they were 25.

Not only are the self-regulation skills of young children powerful predictors of future success, these skills can also be intentionally developed. One curriculum for preschool and kindergarten children that has been developed with this aim is **Tools of the Mind**.[2] Tools of the Mind uses carefully developed dramatic play scenarios as one of its primary strategies for explicitly sharpening executive functions. Many preschool classrooms have play areas or "choice centers" set up to loosely resemble real-life scenarios such as a fire station or a dentist's office. The difference in a Tools of the Mind classroom is how these areas are used and how teachers engage with the children.

In a Tools of the Mind classroom, a teacher will read books about fire stations and discuss and practice the roles and activities associated with fire stations. Children "write down" their intention for a play session and read it back to the teacher before beginning a 45- to 75-minute fire station play scenario. As the play unfolds, teachers assist with staying in role: "Would the dispatcher be doing that?" "Do firefighters have pillow fights?" Children practice ignoring distractions and holding new ideas in mind while having fun. In randomized studies in 2006 and 2008, children who had participated in Tools of the Mind had greater self-control and language achievement than the children in the control classrooms who instead received only a literacy enhancement program.[3]

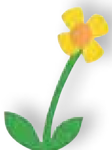
Identifying risks to healthy social, emotional and behavioral development

ATTUNED, SENSITIVE, RESPONSIVE AND CONSISTENT parenting is the fundamental ingredient for developing young children's social, emotional and behavioral health. This kind of nurturing creates an invisible bond of mutual understanding between child and adult that may be difficult to measure but is easy to notice between thriving infants or toddlers and their caregivers.

Many things can make it difficult for parents and other caregivers to provide the necessary level of attention and guidance and in turn jeopardize a child's healthy development. Depression, substance addiction, domestic violence and other sources of family stress can impede an adult's ability to respond to a child's needs and cues. Coming the other direction, language delays, physical disabilities or even sleep issues can also interfere with a child's ability to engage with his or her parents.

Researchers have identified the following factors that jeopardize the healthy social, emotional and behavioral development of young children:

- insecure attachment
- parents with depression and other mental health issues
- parents with drug and alcohol addiction
- poverty, unemployment and social isolation
- physical disabilities and other physiological problems
- development and language delays
- exposure to domestic violence or other traumas
- physical and emotional abuse or neglect
- the loss of a parent



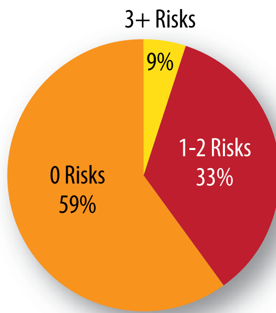
"One of every four Oregon mothers of newborns reported being sometimes depressed, and 9% reported being always or often depressed, since the birth of their child."

Health Matters Issue Brief from Governor's Summit on Early Childhood (2008)

These risk factors increase the chance that a child will have difficulty in school or will develop behavioral issues or suffer mental health problems as an adolescent or adult. Young children from families where mental health issues, domestic violence or substance abuse are present are two to three times more likely to experience problems with aggression (19 percent vs. 7 percent), anxiety and depression (27 percent vs. 9 percent) and hyperactivity (19 percent vs. 7 percent).[4] Up to 54 percent of adults who were foster children, removed from their parents due to neglect or abuse, have clinical levels of mental health problems. A full 21 percent suffer from Post Traumatic Stress Syndrome, nearly five times the general population level and exceeding the rates for Iraq or Vietnam War veterans.[5] Between 30 and 50 percent of children with parents who are mentally ill have a psychiatric diagnosis, compared to 20 percent of children in the general population.[6]

Too many children find the odds severely stacked against them, with two or more risk factors to overcome. A study of children in Head Start, a national early education program for children in poverty, found that 17 percent had witnessed a violent crime or domestic violence and that 3 percent of the children were also victims of violence.[7] A

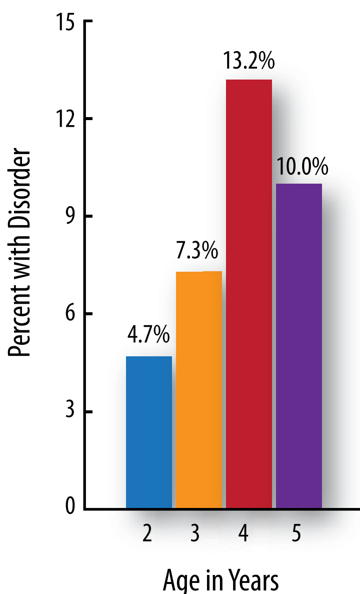
Exposure to Multiple Risk Factors Among Young Children in Oregon



Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

Source: National Center for Children in Poverty, 2009[9]

Prevalence Rates of Behavioral Problems in Preschool Children by Age



Source: Cooper et al., 2009[4]

1991 study by the National Center on Child Abuse and Neglect estimated that children with disabilities were twice as likely to suffer physical or sexual abuse, and one-and-a-half times more likely to be physically neglected than typically developing children.[8]

By the time children reach preschool age, many have developed emotional or behavioral issues that impact their development and their ability to learn. Children who are identified as "disruptive" receive less positive feedback from teachers and less instruction.[10] Teachers estimate that at least 10 percent of children entering school show a lack of behavioral control. For children from low-income families, the number is two to three times higher.[11] Research suggests that we are identifying too few of these children early enough — less than 1 percent of children with emotional and behavioral problems receive interventions before kindergarten.[12]

It is true that children are resilient by nature, and risk factors do not dictate destiny. There are children living in poverty whose mothers suffer from depression and who are delayed in developing language and yet grow up to be emotionally sturdy and successful adults. There are also children who show early signs of emotional or behavioral difficulties who never develop diagnosable mental health problems.

Nonetheless, there are proven strategies to increase the likelihood that a child who is at risk will grow up strong and resilient, succeeding in the classroom, on the playground and beyond. What follows in this report are examples of these strategies and how they are being used in Oregon.

Increasing developmental screening in pediatric visits

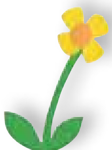
IS MY CHILD DOING WELL? That is *the* concern of all parents when they take their child to a doctor for a checkup. Fortunately physicians in Oregon and across the nation are learning to include developmental assurance along with height and weight percentiles. Doctors typically see over 90 percent of Oregon children under age 6 at least once each year for a preventive visit. Yet in Oregon in 2007 only 14 percent of those children received a standardized developmental screening.[13] Without the use of a standardized screening instrument, physicians miss well over half of the developmental delays in children before school age.[14] Adding standardized screening tools doubles and sometimes triples provider detection rates for social, emotional and developmental challenges. To address these gaps between what we know and what we do, more than half of Oregon pediatricians have attended START trainings (Screening, Tools and Referral Training) in the past two years, and referrals for further evaluation through Early Intervention/Early Childhood Special Education are up more than 50 percent in Multnomah and Washington counties.

START, a project launched by Artz Center for Developmental Health with statewide collaborators, is now under the auspices of the Oregon Pediatric Society. During the two-and-a-half-hour START trainings, physicians not only learn how to administer screening tools, but also how to talk with families about the results. They learn where to refer families for additional help, such as an assessment by the federally mandated Early Intervention/Early Childhood Special Education program.

Physicians seem to be making changes in well-child visits. When surveyed six months afterward, 90 percent of responding physicians were using the Ages & Stages Questionnaire to screen children while only 12 percent were using it before these trainings.[15] START is also developing new modules that will encourage more screening for maternal depression and children's mental health issues. Physicians have a number of high-quality standardized screens from which to choose. Most screening instruments include surveys completed by parents about their child's typical habits: eating, communicating, sleeping; and as they grow, following directions and expressing and managing emotions. They might be completed in the waiting room or online the night before the visit. Scores are calculated instantly, and children are divided into two groups: those who are within typical variations and those for whom further evaluation is a good idea.

"We have to move toward embedding early childhood support services within the health care system. We can't just wait to respond to disturbances and disorders that will inevitably arise later. We must move prevention and health promotion upstream."

David W. Willis, M.D., F.A.A.P., Medical Director, Artz Center for Developmental Health



Turning insecure attachment into secure attachment

WHILE ABOUT TWO-THIRDS OF CHILDREN and their primary caregivers form secure attachments, the remaining one-third do not.[16] When parent and child do not develop a healthy attachment, the child is at increased risk for a host of problems that includes criminal behavior, major depression and addiction. At a minimum, a child who has not formed a secure attachment with a caring adult is likely to experience difficulty in forming relationships in school and later on in the workplace.[17]

Fortunately, there are interventions proven to help parents and children form healthy attachments. **Circle of Security** is one of these interventions. In 2001, about 50 Oregonians interested in the well-being of young children met to hear about the Circle of Security attachment intervention from three Spokane, Washington psychotherapists. Nine years later, at least three family-support organizations are regularly conducting Circle of Security groups, and the number of therapists trained to implement the intervention exceeds 40.

At its heart, Circle of Security slows down interactions between parent and child with the use of video clips, so that parents can reflect on what they are doing and learn new behavior. The moments of unity and broken connections are chosen by the therapists, watched by the group, and reflected upon in a "psychologically safe" group led by the therapist. The parents' own love for their children leads them to increase the positive interactions, and with new self-perceptions revealed by therapy, decrease the moments of despair when both parent and child experience an emotional gulf. After parents learn about attachment, they identify their own psychological defenses during high-stress interactions. In the intimate group setting that has developed, they consider parenting's "linchpin" moments. At the end of the series, the group watches video from a second taping of parent-child interactions, celebrating changes already apparent.

"In the absence of major intervening forces — either positive or negative — the qualities of our relationships during the first 18 months of life are often stronger predictors of school readiness than most of what comes afterwards."

Jeffrey Measelle, Ph.D., Director, Clinical Science Program, Department of Psychology, University of Oregon

Circle of Security has growing evidence of its effectiveness. A 2006 peer-reviewed, randomized study showed that the therapy series helped 69 percent of the most-poorly attached children form secure attachments.[18]

Preventing a lifetime of harm caused by abuse and neglect

EVERY YEAR AT LEAST 4,500 CHILDREN in Oregon are taken from their families by Child Protective Services because of a documented case of abuse and neglect. About 14,000 Oregon children spend at least one day in foster care each year.[19] Half of these children are under the age of 6, and half of foster children under the age of 3 have developmental delays.[20]

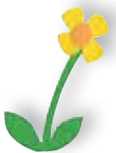
Children do not easily get over, forget or outgrow emotionally searing experiences, no matter how young they were at the time. The effects of abuse and neglect on young children are life-long, and the best choice clearly is to prevent abuse and neglect before it happens.

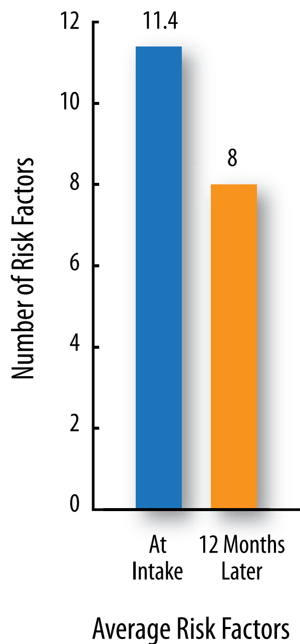
Researchers have identified *risk factors* and *protective factors* for abuse and neglect. Exposure to violence, poverty and social isolation are common risk factors associated with child maltreatment. Factors that can have a positive influence include strong relationships between family members, knowledge of parenting and child development, parental emotional resilience, social connections for parents, and access to resources such as food and housing.[21]

A growing number of interventions are being rigorously evaluated and are reducing the incidence of child maltreatment. **Healthy Start**, which is fully accredited by Healthy Families America, is a statewide, voluntary family-support and parent-education program for families who are at risk for abuse and neglect. Each year Healthy Start screens about 10,000 families with a first-born child — about half of all first-time births. Between 2,500 and 3,000 of these families receive home visits from a trained professional until the child's third birthday. In its most recent evaluation, Healthy Start's home visits appeared to cut in half the rate of maltreatment, from 25 per thousand among unserved children to 13 per thousand among the highest-risk Healthy Start children. Current funding allows Healthy Start to provide home visits to fewer than half of the families at high risk for abuse and neglect.[22]

> **"When you are a child's advocate, it is so hard to keep reminding yourself that the whole family is who needs help. It is so easy for concerned citizens and child workers to be the child's defender and want to avoid working with the parents. Yet, parents and the human services providers absolutely have to be a team, and therapists have to form an alliance with the parents. This conundrum is one of the biggest challenges to preventive actions: parents must be considered allies even when their current behavior may be hurting their children."**
>
> Cynthia Thompson, Executive Director, Children's Trust Fund of Oregon

Relief Nurseries are a homegrown program for preventing abuse and neglect. The nation's first Relief Nursery was founded in Eugene in 1976. Since then, Relief Nurseries have been established in 11 Oregon communities with four more in development, and the model has been replicated in other states. Relief Nurseries provide comprehensive services to families with children under the





Source: Burrus et al., 2009[23]

"You could ask most of the families here why they came, none would say 'I needed therapy.' They would say, 'I can't figure out what to do with my 2-year-old, she is behaving so badly' or 'I don't know what to do with two babies — I am going to lose it.' These are the kinds of answers you would get. 'I need some help with my kids' is the most common way we start the conversation."

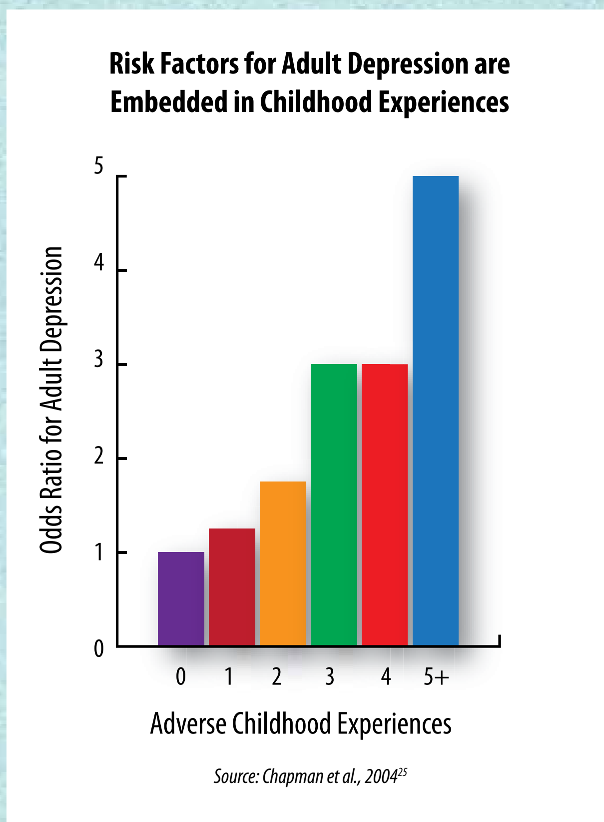
Chris Otis, Executive Director,
Portland Children's Relief Nursery

age of 6 years that are experiencing multiple sources of stress. Core components of the Relief Nursery model include onsite mental health professionals, therapeutic preschool classrooms with low adult-child ratios, parent coaching and education groups, and an array of adult services.

When families enter a Relief Nursery program, they are screened for 65 risk factors associated with abuse and neglect. All participating families have at least eight risk factors, and three-quarters of these families experience 19 or more risk factors. An evaluation by NPC Research found that Relief Nurseries strengthen family functioning and reduce the number of risk factors associated with abuse and neglect. In 2008, at least 779 families and 954 children were served by Relief Nurseries in Oregon.[23]

ACE Study: Measuring life-long consequences of childhood trauma

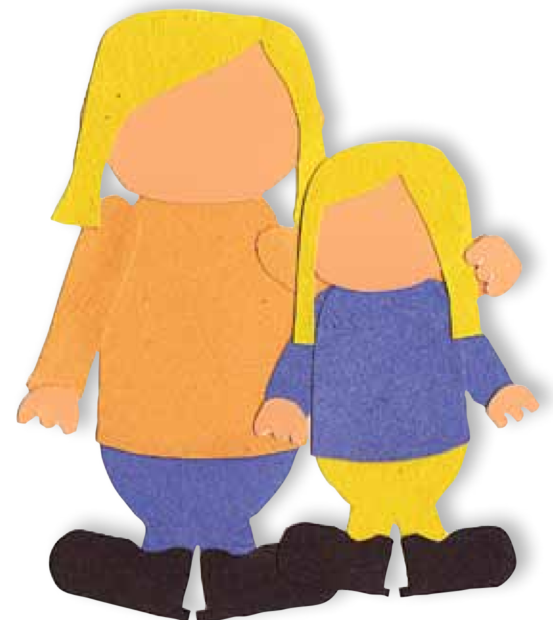
THE ADVERSE CHILDHOOD EXPERIENCES STUDY links negative childhood experiences to depression, addiction, obesity, diabetes, heart disease, suicide, interpersonal violence, criminality and chronic unemployment.[24] About 15,000 middle-aged adults with Kaiser Permanente health insurance were asked about childhood events and given an "ACE Score" between 0 and 10 by assigning '1' to each type of adverse childhood experience. The 10 experiences measured include sexual, physical or emotional abuse and physical or emotional neglect. Also on the list are witnessing violence against a mother, a household member who is alcoholic or abuses drugs, a household member who suffers mental illness, a parent imprisoned, or a biological parent missing from a child's life. As the graph below illustrates, adults with ACE scores of 5 or more are five times more likely to suffer from depression as someone who did not have similar childhood experiences.[25]



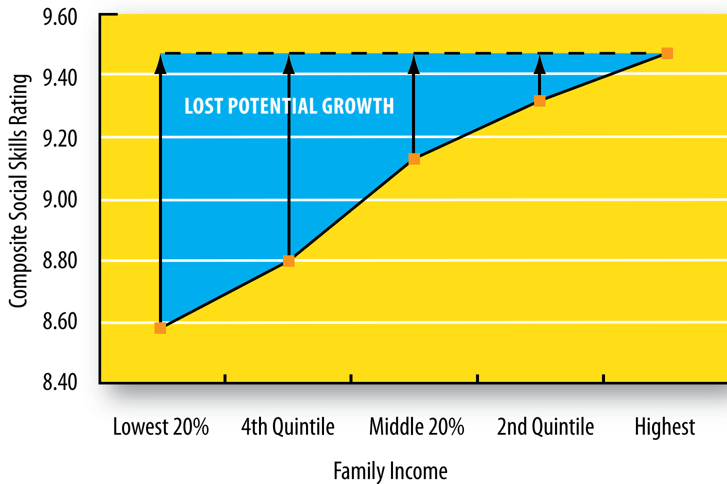
Closing the social and emotional achievement gap

IT IS A WELL-ESTABLISHED FACT that children growing up in low-income families are more likely to start school less prepared than their more affluent peers. They are also at greater risk of school failure.[26] Children growing up in poverty are not only likely to lag behind in language development and early math but also in many of the social and behavioral skills associated with school success.

Public interest in early childhood development has been boosted by longitudinal studies of such programs as Perry Preschool, Carolina Abecederian and Chicago Child-Parent Centers that demonstrated how they reduced the achievement gap and put children on a path toward lifelong health and prosperity. Participants in these programs were more likely to graduate from high school and have well-paying jobs and less likely to be sent to prison or require costly social services. For Perry Preschool, more than $16 in savings has been identified for every dollar spent on the program.[27] Analysis



Median Social Skills of Entering Kindergarteners by Income



Source: Barnett, 2007[26]

of these findings suggests that these long-term benefits were the result of something more than the cognitive boost children received from these programs. Many researchers believe that it is the ability of these programs to promote what economist and Nobel Memorial Laureate James Heckman refers to as "soft skills" — persistence, eagerness to learn, sense of self-efficacy — that explains their positive impact over a lifetime. As Heckman notes, "the soft skills are neither soft nor squishy. There is a lot of hard evidence on the importance of soft skills in economic and social life."[28]

A good early childhood setting embeds the promotion of positive social, emotional and behavioral development in all aspects of curriculum, environmental set-up and professional development. Teachers help children develop their abilities to express their emotions and resolve conflicts with their

Continues on next page

"Our first two-hour meeting was entirely about 'What are the strengths of this family?' It was really the first time in many years for this family that a meeting had begun without mentioning a recent behavior incident by their child. It really changes the dynamic for families. Wraparound upends perhaps years of folks telling the family what is wrong with them."

Rob Abrams, Project Director,
Wraparound Oregon: Early Childhood

Wraparound Oregon: Supporting children and families with the most intensive needs

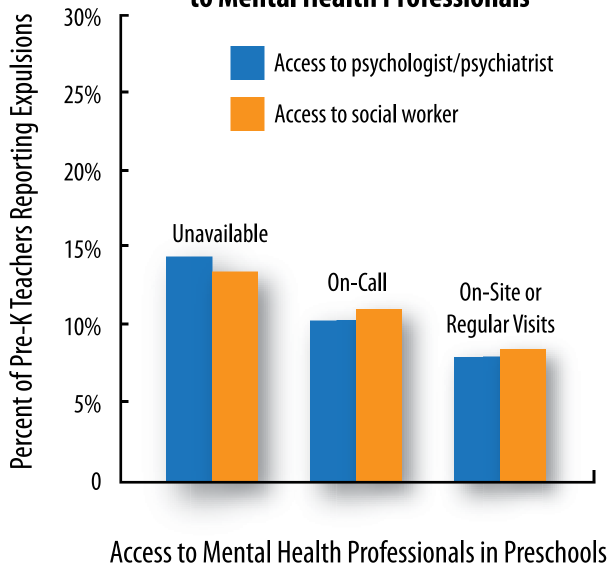
PREVENTING SOCIAL, EMOTIONAL AND BEHAVIORAL problems before they develop is always the best option; however, when children have serious disorders and families are in crisis, both must receive the treatment and support they need.

The Statewide Wraparound Initiative supports families and their children under 18 who have the greatest mental health needs and who are in direct contact with multiple state agencies. Multnomah Education Service District, in a pilot effort to improve multi-agency assistance for children under the age of 8, launched an early childhood pilot program known as Wraparound Oregon: Early Childhood.

At its core, Wraparound is a family-driven process to ensure mutual cooperation between parents, state agencies and community social service providers. Wraparound ensures that agencies administratively and financially recognize that parents are at the center of providing services. Representatives of every agency that has contact with a child must meet and plan treatment collaboratively with the family. Wraparound also attempts to blend funding streams so that what is best for a child drives the delivery of services.

peers. They also let children know when they have acted appropriately and provide consistent and age-appropriate consequences when they have not.

Even when healthy development is embedded in a program, many programs still need assistance in addressing social and emotional health issues and dealing with problem behaviors. Head Start teachers and other early childhood professionals continually report that they are spending increasing amounts of time addressing behavioral problems in their classrooms. Further evidence of a problem is a 2005 study that revealed preschoolers are expelled at three times the rate of K-12 students.[29]

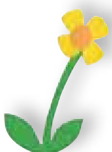


Source: Gilliam, 2005[29]

Early childhood mental health consultation has emerged as one of the primary strategies helping programs address these growing concerns.[30] Mental health consultation in a Head Start program or other preschool is no longer simply having the phone number of a professional therapist who can treat children with serious emotional disorders. It is a systematic, classroom-based approach to building the capacity of the early childhood workforce to promote healthy social and emotional development. Qualified, usually licensed, mental health professionals spend most of their time with early childhood program directors and teachers in the classroom itself, coaching and educating staff, and only rarely meet alone with families. The job of a mental health consultant is to loan her psychological "magnifying lens" to as many other staff as possible — helping staff learn how to identify the causes of poor behavior, respond to the fundamental emotional needs of children and develop strategies for working collaboratively with families.[31] When preschool teachers have access to mental health consultants, expulsion rates significantly decrease.[32] Recent research has also demonstrated that mental health consultants not only reduce the number of behavioral problems in a classroom but also improve cognitive outcomes and school readiness.[33]

While the mental-health-consultation model first took root in Head Start, it has been implemented in a wide range of child care and preschool classrooms. For a decade, with significant support from the Portland's Children's Levy, Morrison Child and Family Services has been building alliances with public and private preschools chosen for their location in disadvantaged communities.

Questioning the clinical model of treating family patients in a typical one-hour session only after a child has received a mental



health diagnosis, Morrison first prepared several of its therapists to facilitate The Incredible Years education series. Morrison then approached child care directors with offers to help classroom staff address behavioral issues by focusing on *prevention* of social and emotional problems.[34]

At the state level, the Department of Human Services launched Oregon Child Care Health Consultation Program in 2003, assigning physical and mental health professionals to work with child care providers in four pilot counties. New capacities in medical, dental and mental health promotion are being built in family day care, public and private preschools, and child care administrative agencies.[35] A 2008 outside evaluation indicated that participating child care providers experience increased confidence addressing children's health and behavior problems.[36] The Health/Mental Health Consultation Priority Action Work Group is currently developing recommendations for approaches and resources to make health and mental health consultation available to all child care providers across Oregon.

"Now they don't come to 'fix Johnny'; instead teachers have the confidence to call for help with their whole classroom, help that will assist Johnny and the rest of his classmates."

Diana Stotz, Senior Program Coordinator, Washington County Commission on Children & Families

Early Head Start

EARLY HEAD START — Head Start's companion program for infants and toddlers — is the federal child development program focused on children in poverty under the age of 3. Many parents with children enrolled in Early Head Start are attempting to nurture a new life for themselves and their children with few of the resources many people take for granted: a supportive extended family, a warm home, a co-parent who provides emotional and practical support, and a reliable income.

However, the story they tell often ends with an awed description of the help and hope they have found since enrolling. Program staff tell stories of changed parent-infant relationships and parent wellness to match. Nearly every overwhelmed parent says they want to give their child a better life than they themselves had. Early Head Start offers the practical education and emotional supports to make that happen.

In a randomized-design study, Early Head Start improved parent-child interactions, child vocabulary, cognitive ability and social-emotional development.[37] Federal funding currently supports 15 Early Head Start programs across the state, providing services to about 1,700 children and their families — less than 6 percent of eligible children and families. In 2010, the Oregon Legislature allocated $1 million in first-time state funding to serve more children in existing Early Head Start programs.

Washington County Responds to the Need for Culturally Specific Services

MANY OREGON COUNTIES are experiencing significant growth in the number of Spanish-speaking Latino families. A few are using bilingual health promotion workers called **Promotoras** to connect with often-isolated communities and offer preventive problem-solving and social support. Washington County has been a leader in integrating this culturally specific approach into its health services. The county's contractor, LifeWorks NW, employs four Promotoras who each serve 25 to 30 families. The secret to Promotoras' success, says the program director, is to concentrate on building trust. Promotoras strive to work with each family "where they are at," focusing on the goals that are most important to the family. Promotoras establish relationships first, extending a friendly hand for six or more visits before the deeper issues for the family surface.

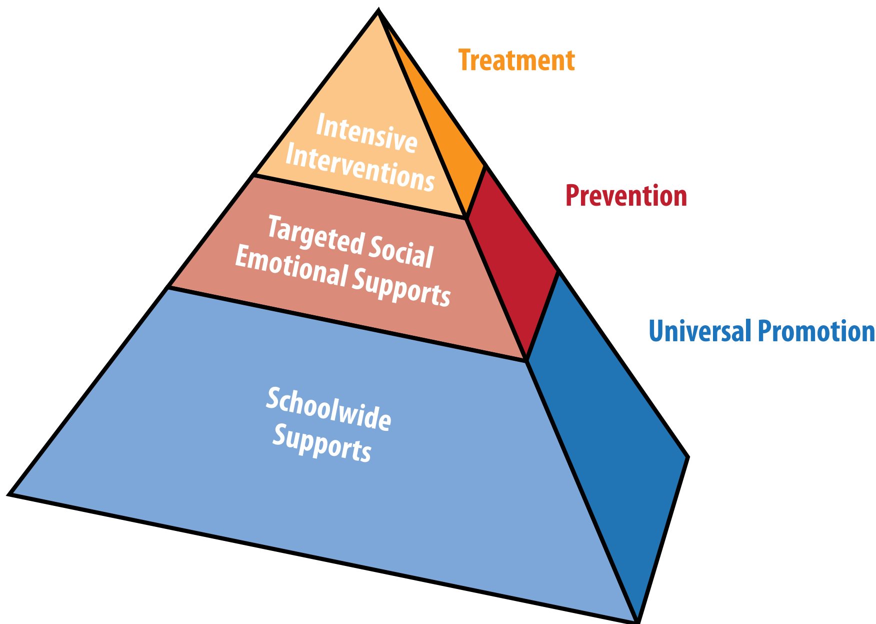
Often some cultural bridges have already been built before the Promotoras are invited into a home. A Head Start teacher or other early education provider, a case manager or a neighbor has recommended Promotoras to the family to assist with an already-identified issue. Promotoras also deliver the well-researched **Make Parenting A Pleasure** and **The Incredible Years** curricula in a culturally competent way.

Reducing behavioral problems in schools

KINDERGARTEN TEACHERS score about 20 percent of all entering kindergartners and 30 percent of entering kindergartners from very-low-income families as having poor social development.[38] These social, emotional and behavioral problems interfere with the ability of teachers to educate *all* of the children in their classrooms and put the children who are experiencing problems on a trajectory for school failure. School districts and preschools all over Oregon and the nation are adopting a schoolwide approach to foster appropriate student social competence *before* problems occur and are responding to individual problems more systematically. About 30 percent of schools in Oregon have **Positive Behavioral Interventions & Supports** (PBIS) initiatives.[39] This effort to change the culture of schools and reduce problem behaviors goes by names such as the preschool-based Early Childhood Positive Behavior Support (ECPBS)[40], the K-12 School-Wide Positive Behavioral Interventions & Supports (SWPBIS)[41] or the Pyramid Model.

Positive Behavioral Interventions & Supports (PBIS) is referred to as the Pyramid Model because it puts into practice a familiar public health model for prevention that is symbolized by a triangle. The first level, the base, is *universal promotion*. At program launch, all of the adults in a school agree on three to five very simple rules they are going to infuse throughout the building. Examples include "be safe" and "be responsible." "A foundational part of PBIS," according to Sharon Thornagle, a PBIS consultant to Willamette Education Service District, "is for the adults to coordinate so expectations are the same no matter where a child is in the school. Kids are specifically taught what is expected so they don't have to constantly 'test' to

Pyramid Model for Promoting Positive Social Behavior in School



Source: Technical Assistance Center on Social Emotional Intervention et al., 2010[42]

The top of the pyramid involves a small fraction of the students in a school, perhaps 5 percent. These students need intensive, *individualized treatment* plans to stop repeated misconduct.

PBIS frees up instruction time and unleashes administrators' creativity by reducing student disruptions. Administrators have more time to coach teachers, consider new curricula and adopt other preventive activities like kindergarten developmental screening. Creative problem-solving around student behavior is seen as indivisible from improving learning in the Pyramid Model. Forthcoming randomized-control group studies suggest that schools using PBIS experience an increase in perceived safety, reduced student-discipline counts and improved academic performance.[44]

find out if 'with this teacher I have to do X, but with that teacher I don't.'" School staff specify, disseminate, reward and model the behaviors they want to see, and these schoolwide messages anchor all that comes later.[43] For 80 to 90 percent of students, the teaching of these core principles and the positive reinforcements given by all staff will be enough to foster appropriate behavior.

The middle section of the pyramid is *targeted prevention* activities for improving behavior at school for 15 to 20 percent of students who have had a serious incident. Schools analyze where and when problems occur and experiment with ways to make positive changes in environments, adult-child interactions, student activities and at home.

Conclusion: Moving Oregon from a *state at risk* to a state of health and prosperity

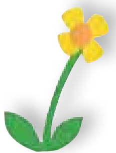
THIS REPORT HIGHLIGHTS THE GOOD WORK being done in Oregon to promote positive social and emotional health of at-risk children. Prevention efforts such as parenting-education and home-visiting programs, therapeutic preschools and high-quality early care and education programs are making a difference in the lives of the children and families enrolled. But a chasm remains between what Oregon is doing and what we should be doing.

Far too few of the young children whose social, emotional and behavioral health is at risk have access to the prevention strategies that can change the trajectory of their lives.

- Medical practices are improving in Oregon, but as recently as 2007 over 80 percent of children under the age of 6 did not receive standardized developmental screenings during pediatric visits.[45]
- Relief Nurseries operate in only 11 communities.
- Early Head Start reaches less than 6 percent of children under age 3 who are living in poverty.
- Less than half of at-risk families with first-time births receive home visits through Healthy Start.
- More than 6,000 three- and four-year-olds living in poverty do not have access to Oregon Head Start Prekindergarten.
- The vast majority of caregivers and early educators do not have a mental health consultant to whom they can turn when faced with a child or family with social, emotional or behavioral health issues.

These are just a few examples of the chasm. We know too much — about what the risks are, about who is at-risk, and how to address them — not to act. By not acting, we deny too many children the opportunity to learn and to thrive. Our failure to act has a profound impact not just on individuals, but also on society at large.

By not investing upstream in prevention-oriented solutions, Oregon will continue to flood its downstream mental health treatment programs, its alcohol and drug addiction services, and its criminal justice system. By not investing upstream, today's children and future generations of Oregonians will enter kindergarten lacking the skills needed to succeed in school and ultimately will be ill-equipped to contribute to society and participate in a competitive global economy. If, however, we make wise investments in the social and emotional health of young children, Oregon will move from a state at risk to a state of health and prosperity.



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Artwork by Kara Christenson
Kara creates collage-style holiday cards and mail art for friends, family and postal exchange. She is inspired by simple shapes and bright colors and uses kid-friendly materials – construction paper, scissors and glue sticks.

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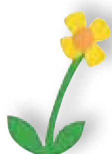

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