

# Why Are Children Expelled from Preschool?:

Children's mental health needs, local resources to help them, why this issue affects us all

Margaret Nimmo Crowe  
Policy Director, Voices for Virginia's  
Children

Coordinator, Campaign for  
Children's Mental Health

Ashley Everette, M.A.  
Mental Health Consultant,  
ChildSavers

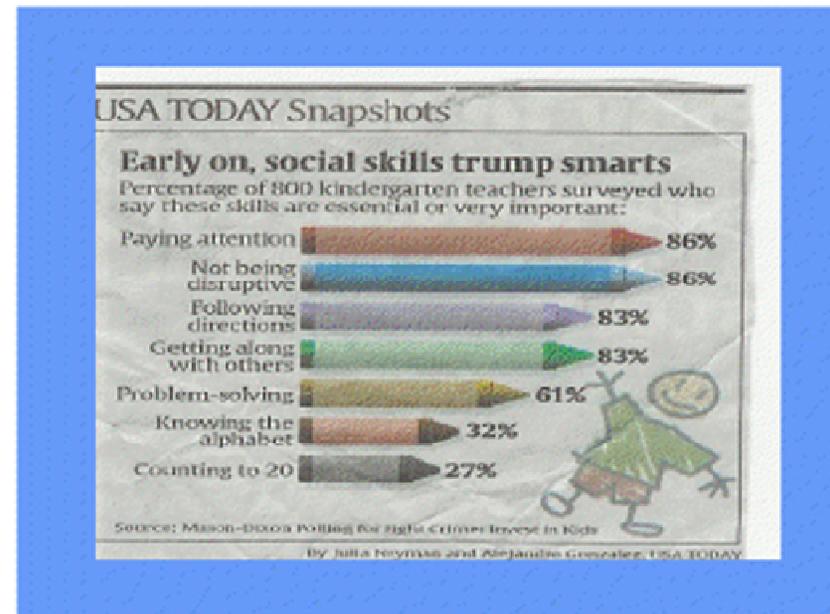
What do young children REALLY need to be prepared to learn in school and succeed in life?



- Math?
- Science?
- Social Studies?

# What children REALLY need:

- Secure attachment to primary caregivers
- Nurturing relationships
- A positive and unique sense of self
- Ability to communicate wants and needs
- A sense of safety
- Increasing ability to regulate and express emotions
- Growing ability to control impulses
- Ability to engage in positive social interactions



# For Young Children, Mental Health is:

Within the context of their family, culture and community, social and emotional health is the child's developing capacity to

- Experience, regulate and express emotion;
- Form close, secure relationships
- Explore the environment and learn



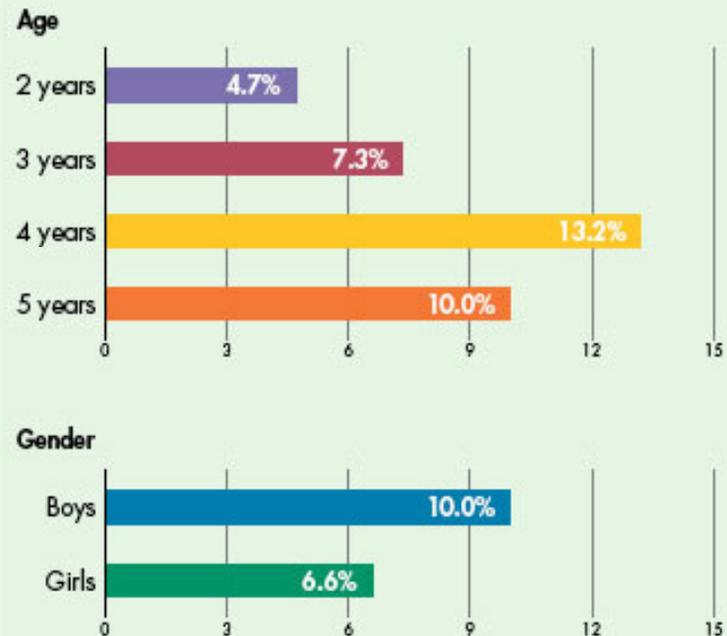
What happens when things go awry:  
What do early childhood mental  
health problems look like?

# The Needs of Young Children

Social-emotional problems among young children are common:

- 10 -30% of young children are manifesting challenging behaviors that may impair functioning, development and school-readiness (Fox & Smith, 2007)
- Approximately 9% of children who receive mental health services in the United States are younger than 6 yrs old.
- Boys show a greater prevalence of behavior problems than girls

Prevalence rates of behavioral problems in pediatric primary care sample of preschool children by age and by gender (N=3,860)



Source: Lavigne, J.; Gibbons, R.; Christof, K. K.; Arend, R.; Rosenbaum, D.; Binns, H. et al. 1996. Prevalence Rates and Correlates of Psychiatric Disorders among Preschool Children. *Journal of the American Academy of Child and Adolescent Psychiatry* 35: 204-214.

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Social and Emotional Development in Early Childhood

Infant: Birth to 12 months	Toddler : 12 –36 months	Preschooler: 3-5 years
<ul style="list-style-type: none"> <li>◆ Shows little preference for any one adult</li> <li>◆ Resists being held</li> <li>◆ Has prolonged periods of inconsolable crying</li> <li>◆ Is difficult to soothe or comfort</li> <li>◆ Rarely makes eye contact with others</li> <li>◆ Appears unresponsive to efforts to interact or engage</li> <li>◆ Doesn't respond to simple games like peek-a-boo</li> <li>◆ Rarely coos, babbles or vocalizes; no babbling or pointing or other gesture by 12 months</li> <li>◆ Rarely smiles or often appears sad</li> <li>◆ Has little energy; appears listless</li> <li>◆ Has limited ability to regulate emotions</li> <li>◆ Appears fearful or tense</li> <li>◆ Has sleeping or eating difficulties</li> <li>◆ Has strong reactions to environmental stimuli (light, sound, touch, movement)</li> <li>◆ Shows any loss of language or social skills</li> </ul>	<ul style="list-style-type: none"> <li>◆ Does not turn to familiar adults for comfort or help</li> <li>◆ Shows no fear of strangers; goes with strangers easily</li> <li>◆ Shows excessive dependence on parent or primary caregiver (e.g., Clinginess)</li> <li>◆ Rarely makes eye contact with others</li> <li>◆ Does not respond when spoken to</li> <li>◆ Has limited use of words to express feelings</li> <li>◆ Is unable to comfort or calm self</li> <li>◆ Has difficulty with transitions</li> <li>◆ Lacks interest in other people</li> <li>◆ Does not engage in play with peers</li> <li>◆ Fails to explore his or her environment</li> <li>◆ Appears sad or withdrawn</li> <li>◆ Appears excessively irritable or fearful</li> <li>◆ Exhibits inappropriate impulsive or aggressive behaviors (e.g., biting, hitting, kicking, tantrums)</li> <li>◆ Appears hypervigilant, anxious, excessively worried</li> <li>◆ Laughs or giggles inappropriately</li> <li>◆ Has no real fear of danger</li> <li>◆ Has a very high activity level</li> <li>◆ Exhibits inappropriate sexual behavior</li> <li>◆ Has sleep difficulties; experiences frequent night terrors</li> <li>◆ Shows strong reactions to environmental stimuli (light, sound, touch, movement)</li> <li>◆ Exhibits unusual need for order or cleanliness</li> <li>◆ Has repetitive body motions such as rocking or hand-flipping</li> </ul>	<ul style="list-style-type: none"> <li>◆ Exhibits any of the signs in Toddler Column</li> <li>◆ Is easily distracted; unable to focus on an activity</li> <li>◆ Has difficulty participating in group activities</li> <li>◆ Consistently prefers to play alone</li> <li>◆ Does not seem to understand idea of right and wrong</li> <li>◆ Exhibits lack of empathy towards others</li> <li>◆ Harms self, other people, or animals</li> <li>◆ Has difficulty with toileting</li> <li>◆ Repeats words or phrases over and over</li> </ul>

# What Happens to these children?

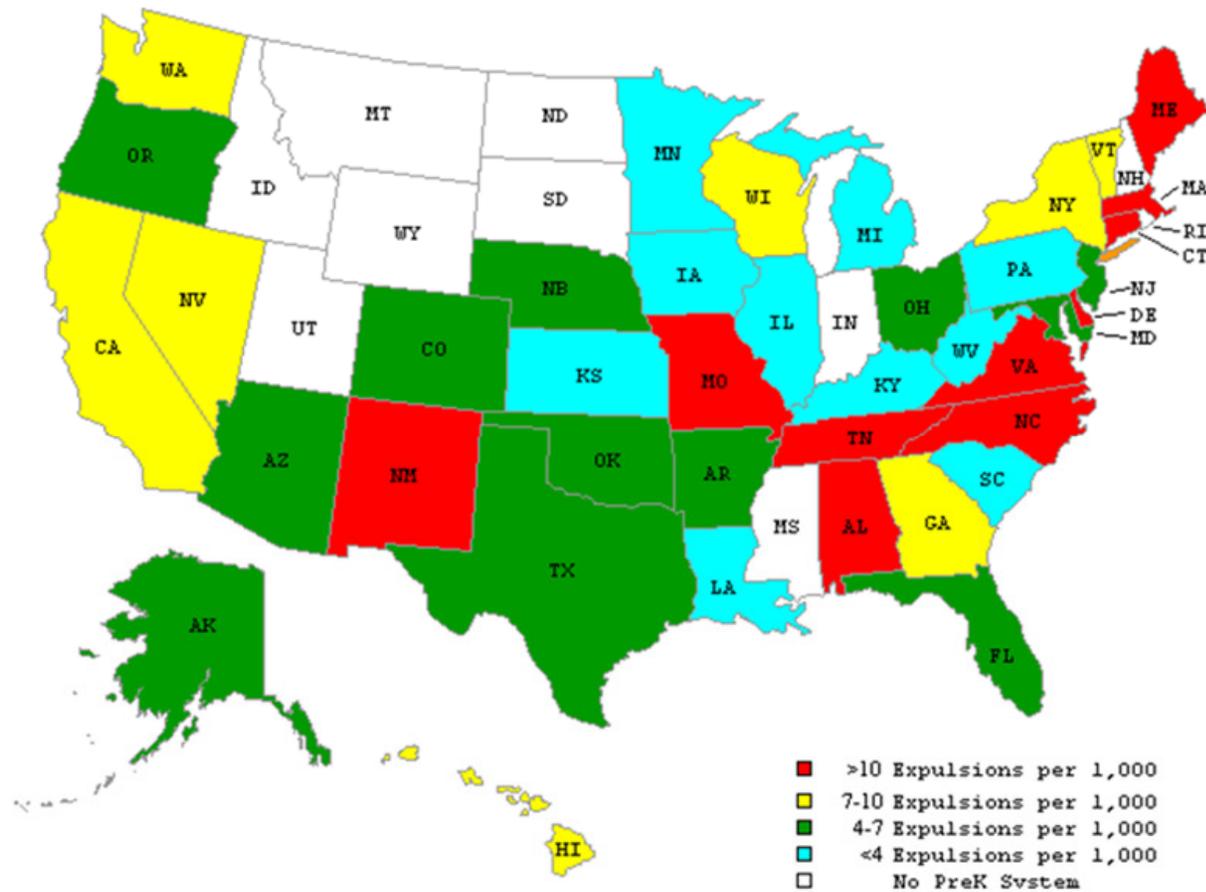
- Children with mental health problems may miss as many as 18-22 days during school yr.
- Half of all children with problem behaviors in kindergarten are placed into special education by 4<sup>th</sup> grade.
- Increased peer rejection
- **Young children are being expelled from child care at 3 times the rate of children expelled from K-12. (Gilliam, 2005)**



# Characteristics of Programs Where Children are more likely to be expelled

- Physical environment of the classroom is too open
- Unclearly defined space
- Lack structure or over structured
- Larger child-caregiver ratios “chaotic”
- Lack of classroom routines or over rigid routines
- Teachers reporting high job stress

# State PreK Expulsion Rates



Virginia is ranked 10<sup>th</sup> in the nation of children expelled from their childcare or preschool setting

# The Case for Mental Health Consultation in Early Childhood Settings

- Child care providers continue to list coping with challenging behaviors as their number one need for additional training and support (Center for Evidence-Based Practices, 2005).

## **Greater Richmond Area**

- In the greater Richmond area, few services existed to support the mental health of infants and toddlers.
- 2010 needs assessment indicated that approximately 20-25% of child care programs responding had children ages birth to 3 who left care because of difficult behaviors .

# What is Early Childhood Mental Health Consultation?

- Problem-solving and capacity-building intervention implemented within early childhood settings.
- Collaborative and reflective relationship with ECE staff and family members.
- Promotes social and emotional development and seeks to reduce challenging behaviors
- Relationship based
  - Always supporting the adult-child **relationships vs. focusing solely on the child**



# HUGS Approach to Service Delivery

- Embrace values that support relationship-building and high-quality service provision:
  - Collaborative
  - Family-Centered
  - Culturally Competent
  - Strengths-based
- Individualize services/strategies
- Promote consistency across home and classroom settings
- Utilize hands-on, practical materials



# Help Us Grow Strong (HUGS) ChildSavers

## Service Implementation:

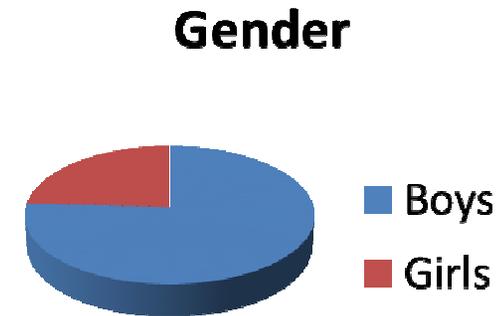
- Young children, ages 0-5 years, exhibiting behavioral concerns in early child care settings;
- Free consultation services to ECE providers and parents/caregivers.
- Child care centers, preschools, home-based setting located in Richmond City, Chesterfield and Henrico County.



# Why are children referred for HUGS Services?

Children are referred for many reasons but most often for:

- Aggression
- Impulsivity
- Non-compliance
- Defiance
- Tantrums
  
- Destruction of property
- Developmental Concerns
- Communication challenges



76% of referrals a boys

# HUGS Accomplishments

Since, April 2010:

- **63** infants, toddlers, and preschoolers have received individual services
- **70** families of young children received consultation services
- **161** early childhood providers received specialized early childhood consultation supports.
- **30** child care centers received consultation services on individual children

**\*Only 1 child has been expelled  
due to behavior**

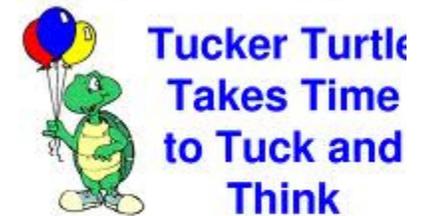
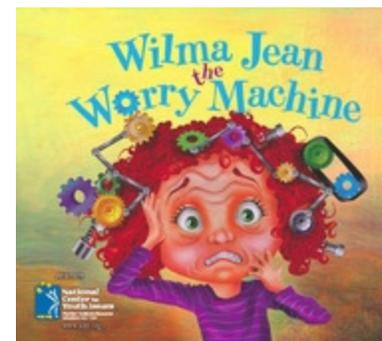


# Perspectives for Thinking about Young Children's Behavior

- Behavior has meaning.
- Behavior occurs in context.
- Behaviors tell a “story” about the child; a specific behavior is a chapter in a longer and more complicated story.
- Behaviors can be encouraged and maintained, or changed, depending on the responses of others to it.
- Behavior is adaptive or functional from the child's conscious or unconscious perspective (even when it appears maladaptive to the observer).

# What Strategies do Consultants Help Caregivers to Use?

- Yoga and Relaxation techniques
  - deep breathing , blowing bubbles & Pinwheels
- Tucker the Turtle Technique
- Sensory activities as soothers
  - Sand table, water play, play dough, “Relaxation in a bottle” stress balls
- Books to discuss feelings
- Calm down basket
- Calming places and spaces: “Safe place”, “Pillow house”, “Cozy area”, “peaceful corner”



A scripted story to assist with teaching the “Turtle Technique”  
By Rochelle Lentini  
March 2005

# Additional Early Childhood prevention and intervention resources in Richmond

## Prevention

- Virginia Star Quality Initiative (VSQI)
- Home-visiting Consortium:
  - CHIP of Virginia
  - Baby Care- VDOH
  - Healthy Families

## Treatment

- Part C-Early Intervention
  - RBHA
- ChildSavers
  - Trauma Response
  - Guidance Clinic
  - Professional Development Training
- SCAN-Stop Child Abuse Now
  - SCAN Circle Preschool

# Improving Virginia's Early Childhood Mental Health System



- Infant & Child Mental Health Committee
- Virginia Association for Infant Mental Health
- Virginia Infant Mental Health Competency and Endorsement System



**Contact Information:**

Ashley Everette, M.A.

Mental Health Consultant, HUGS Program

ChildSavers

[aeverette@childsavers.org](mailto:aeverette@childsavers.org)

804.644.9590

# Voices for Virginia's Children

- Mission: Champion public policies that improve the lives of Virginia's children
- How? Through policy research, analysis, and advocacy
- We help shape the framework in which direct service organizations help children and families.

# Voices' Work

Issue areas:

- Early childhood
- Children's mental health
- Child welfare/foster care
- Family economic success

# Voices' Work

- Examine **data** to see extent of problem
- Study **research** to learn contributing factors
- **Analyze public policies** that impact these factors and/or could mitigate problem
- **Advocate for change in policies** as needed

# Data

- Ashley has already provided some
- Additional data about children's mental health across the age span:
  - 1 in 5 children have a mental health condition; only about 20% of those receive appropriate treatment (U.S. Surgeon General and SAMHSA)
  - In Virginia, as many as 103,000 children between the ages of 9 and 17 have a serious emotional disturbance. As many as 66,000 with extreme impairment. (Va. Dept. of Behavioral Health and Developmental Services, Comprehensive State Plan 2012-2018)

# Research

## ***What does research tell us about early childhood mental health?***

3 factors:

- Biology: genetic makeup, prematurity, autism
- Relationships: consistency and interaction with caregivers
- Environment: toxins, poverty, family stress, abuse

Source: "Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development," Julie Cohen, *ZERO TO THREE*; Ngozi Onunaku, *ZERO TO THREE*; Steffanie Clothier, *NCSL*; and Julie Poppe, *NCSL*, Sept 2005

# Research

Some social-emotional problems in young children are due to toxic stress:

- Poverty can lead to hunger, unsafe housing, lead poisoning, unstable living situation, lack of medical care
- Domestic violence
- Abuse/neglect
- Caregiver depression

**Toxic stress changes a child's brain chemistry.**

# Public Policy Analysis

Three ways we can influence early childhood mental health at policy level:

- **Promotion** of healthy social and emotional development for all children
- **Prevention** of social/emotional problems for those at risk
- **Treatment** when social/emotional problems develop

# Public Policies

- **Promoting healthy social-emotional development for ALL children:**
  - Reduce impact of poverty on children, e.g. support for SNAP (food stamps), TANF
  - Reduce abuse and neglect, e.g. parenting education
  - Promoting high quality child care, e.g. through regulations aimed at safety and training
  - Greater public awareness of early childhood mental health: Virginia Association for Infant Mental Health
  - Educating those who work with young children about early development: Virginia Infant Mental Health Competency and Endorsement System

# Public Policies

- **Preventing social/emotional developmental problems among high-risk children and families**
  - Home visiting programs to at-risk parents: teen mothers, those in poverty, first time pregnancy, children with identified special health needs
  - Screening for environmental toxins such as lead exposure
  - Trauma response services for children who have witnessed or experienced violence

# Public Policies

- **Treating social/emotional problems as they are identified**
  - Mental health consultation in child care settings
  - Part C Early Intervention system
  - Community-based mental health treatment:  
access and availability of services appropriate for young children
    - Medicaid and insurance coverage issues
    - Workforce issues
    - Service development

# Advocacy Opportunities

- **Home Visiting (Prevention)**- CHIP of Virginia and Healthy Families Virginia
- **Early Intervention (Treatment)**- Part C of IDEA (federal special education law) for children birth to 3 with significant delays
- **Children's mental health services (Treatment)**- support the Campaign for Children's Mental Health, [www.1in5kids.org](http://www.1in5kids.org)

# Learn more!

- Attend the Early Childhood Mental Health Summit on Sept 18! We will talk about promotion, prevention, and treatment strategies.
- Visit [www.vakids.org](http://www.vakids.org) and sign up for our emails about all Voices' issues.
- Visit [www.1in5kids.org](http://www.1in5kids.org) and sign up for our emails about mental health specifically.



## **Contact info:**

**Margaret Nimmo Crowe**

Policy Director, Voices for Virginia's Children

Coordinator, Campaign for Children's Mental Health

[margaret@vakids.org](mailto:margaret@vakids.org)

649-0184