

## **Emotional and Behavior Problems of Our Children: Early Identification, Intervention and Policy Implications**

A Report from the forum held October 23, 2000

### **MAJOR FORUM THEMES**

- Many children today face emotional and behavioral problems and their needs for help are largely unmet.
- Emotional and behavioral problems often start early in childhood and get progressively worse if not treated. Early intervention services and programs are a huge unmet need.
- There is a need for more culturally relevant programs that address individualized needs and diversity among families.
- The state legislature is interested in the emotional and behavioral health of Washington's children but has limited funding for services and strategies.
- We need to engage a critical mass of people and stimulate budget measures to take action on this issue.

### **PRESENTATION HIGHLIGHTS**

#### **Emotional and Behavioral Problems among Washington's Children – The Facts:**

The rates of emotional and behavioral problems among Washington's children are startlingly high. Dr. Richard N. Brandon, who provided an overview of the findings from the August 2000 HSPC/ Kids Count report, "Emotional and Behavioral Health Among Washington's Children", noted the potential implications these rates have on classrooms as well as on the individual children concerned. The findings of the report include:

#### **About the Forum**

The forum on **Emotional and Behavior Problems of Our Children: Early Identification, Intervention and Policy Implications** was convened on October 23, 2000 by the Human Services Policy Center (HSPC) at the Evans School of Public Affairs, University of Washington. The forum was convened following the release of HSPC's Washington Kids Count research report on "Emotional and Behavioral Problems Among Washington's Children." The forum gathered child advocates from approximately 50 organizations around Washington state to examine these serious problems. Attendees included the Washington State Department of Health, Puget Sound Educational Service District, Seattle Children's Home Society, the Washington State Commission on African American Affairs, the Children's Hospital and Regional Medical Center, among many others.

**Forum presenters are listed on the following page.**

## FORUM PRESENTERS

**Dr. Richard N. Brandon**, Director, Human Services Policy Center: ***Emotional and Behavioral Problems of Washington's Children***, summary of the August 2000 Kids Count report.

**Ilene Stark**, Education and Family Support Coordinator, Snohomish County Early Childhood Education Assistance Program; and **Dr. Lenore Rubin**, Child Psychologist, Public Health, Seattle King County: ***Day to Day Realities from the Field of Early Childhood Care and Education***

**Lauriel Elsa Gordon**, M.Ed., Manager, Intensive Family Preservation Services, Catholic Community Services of King County: ***Mental Health Challenges of Children of Color***

**Dr. Douglas Cheney**, College of Education, University of Washington: ***Report of Washington's Task Force on Behavioral Disabilities: An Action Plan for Schools and Communities***

**Lois Hancock**, R.N., MSN, Therapist, Parenting Clinic, School of Nursing, University of Washington: ***The Incredible Years: Prevention with 4 – 8 Year Olds***

**Lonnie Johns-Brown** and **Seth Dawson**, conveners, The Statewide Mental Health Work-Group: ***The Statewide Mental Health Work Group: Focus and Actions***

- In Washington, 1 in 18 young children (about 30,300 6 to 11 year-olds) and 1 in 15 adolescent children (about 34,500 12 to 17 year-olds) exhibit serious behavior or emotional problems.

- Among *young children* (ages 6 to 11), boys are two times more likely than girls to exhibit serious emotional or behavioral problems when other factors are controlled. Approximately 18,100 young boys and 12,200 young girls in Washington have serious emotional or behavioral problems.

- Among *adolescents* (age 12 to 17), boys are about one and one-half times (1.4) more likely than girls to exhibit serious emotional and behavioral problems when other factors are controlled. Approximately 18,200 adolescent boys and 16,300 adolescent girls in Washington have serious emotional or behavioral problems.

- One in 14 *young children* (age 6 to 11) in lower income families in Washington exhibits serious emotional or behavioral problems, compared to 1 in 22 young children in families with adequate income.

- One in 10 *adolescents* (age 12 to 17) in lower income families in Washington exhibits serious emotional or behavioral problems, compared to 1 in 20 adolescents in families with adequate income.

- In Washington, 1 in 12 *young children* (age 6 to 11) with unemployed parents exhibits serious emotional or behavioral problems, compared to 1 in 25 young children with employed parents.

- *Adolescents* (age 12 to 17) whose parents did not graduate from high school are about one and one-half times (1.6) more likely to exhibit serious emotional or behavioral problems than adolescents whose parents graduated from high school.

- In Washington, 1 in 5 *adolescents* (age 12 to 17) with parents who lack a high school diploma exhibits serious emotional or behavioral problems, compared to 1 in 18 of those with parents who are high school graduates.

- *Adolescents* (age 12 to 17) living with a single parent are more than twice (2.2) as likely to have serious emotional or behavioral problems than those living in blended (step) families or intact two-parent families, when other factors are controlled.

- In Washington, 1 in 9 *adolescents* (age 12 to 17) living with a single parent, and 1 in 12 living in a blended family have serious emotional or behavioral problems, compared with 1 in 22 living in intact two-parent families.

### **Realities from the Field of Early Care and Education: Barriers to Quality Care**

Given the data above showing the rates of emotional and behavior problems among school-age children, the need for intervention earlier in childhood is evident. As a result of barriers to intervention such as needing a diagnosis before an appropriate mental health referral can be made or simple lack of any local services, more children are entering school with emotional and behavioral problems. Recognizing barriers and increasing an understanding of the key problems involved are critical as we try to serve families whose children are currently falling through the cracks and their problems consequently worsen. In their joint presentation, Ilene Stark and Lenore Rubin spoke about the challenges facing young children in Snohomish County and King County.

Stark identified some of the key challenges in Snohomish County, Washington. Social and public health problems, such as poverty, homelessness, child abuse and neglect, substance abuse of parents complicate addressing the emotional and behavioral problems of children she said. One out of every 10 students in Snohomish County report experiencing some depressive feelings by the time they reach 6<sup>th</sup> grade.

There is an overall shortage of quality, affordable child care, especially for infants and toddlers, school age, sick child and special needs care. Stark also pointed out the high incidence of teen births: 708 of the 8700 Snohomish county births in 1997 were to teens between the ages of 13 and 19. One Snohomish County School District has one of the highest adolescent pregnancy rates in the state.

The challenges are similar in King County according to Dr. Rubin. She also talked about the service system itself which creates barriers by its often exclusionary eligibility criteria. Providing service without a diagnosis is a major obstacle; diagnosis is often needed before service can be offered. Rubin mentioned that school referrals due to speech problems are often an acceptable and common starting point.

### **Washington's Task Force on Behavioral Disabilities: An Action Plan for Schools and Communities**

To respond to some of the challenges presented above, the Task Force on Behavioral Disorders compiled a report entitled "Toward a Comprehensive System of Care: An Investment Strategy for Children and Youth in Washington State." For 18 months, starting in the fall of 1997, the Task Force analyzed strategies to improve educational, vocational, and community outcomes for children with behavior disabilities in the state of Washington. Dr. Douglas Cheney presented the final report of the Task Force, highlighting the following findings and recommendations:

More than 5,000 children and youth are identified as having a serious behavioral disability and eligibility for special education services in Washington. These children will continue to be more at-risk both academically and socially than children without disabilities despite obtaining special education services. An additional 9 to 13 percent of 9 to 17 year-olds have emotional problems serious enough to disrupt family and school life and community involvement, however, their condition is still not considered serious enough to merit special education services.

After reviewing literature on best practices, meeting with constituent groups and national experts, the Task Force concluded that a mandated infrastructure must be established to coordinate existing services in a transdisciplinary “comprehensive system of care.” This would involve crossing boundaries of funding, professions, disciplines and roles and using widespread collaboration with families, education, social, human and health services. To do this, the report recommended that the infrastructure must address three levels of support: **prevention, intervention and training**. Specifically, prevention involves creating strategies to reach all children at risk of developing behavioral disorders. Training is needed for practicing professionals and families so that they may better provide prevention and intervention services.

The proposed comprehensive system of care, stipulated in the Task Force report, involves three levels of service, all of which are based on the emotional and behavioral needs of children: **universal services, targeted at-risk services, and intensive services**. Universal services are those offered to the entire “universe” of children to improve the development of healthy behaviors and social skills. Targeted at-risk services are geared toward children who are already at risk of developing serious behavioral problems and include methods such as mentoring, behavioral intervention plans and skills building for anger and behavior management. Intensive services are targeted to children who already have serious behavioral problems and include intervention plans overseen by teams of professionals, day treatment or alternative education, or in severe cases, residential treatment.

The Task Force concluded, according to Cheney, that in order for the comprehensive system to be effective, state and local policymakers, schools, service providers and families must all endorse it. It must have:

- adequate and flexible funding
- be guided by well-documented and well-researched strategies of best practices that are continually evaluated,
- and must maintain a commitment to prevention and intervention and the ongoing training needed for success.

### **Mental Health Challenges of Children of Color**

Children of color have unique needs that compound the issues faced by all children with emotional and behavioral problems. Lauriel Elsa Gordon spoke about these circumstances and the need to adapt programs to a greater variety of cultural contexts. She emphasized that children coming from other cultures, particularly immigrant families, have the challenge of balancing assimilation into American culture while maintaining traditions in their family life that their parents are struggling to uphold.

Gordon presented a case scenario about a young, low income, African American mother whose children have mental health problems as a method of getting people to think about their perceptions and how factors in society influence our attitudes. She used this exercise to emphasize that service providers need to be conscious of their perceptions and observant about how perceptions impact services and the children involved.

The full Task Force report is no longer in print, but it is obtainable at the following website - [www.k12.wa.us/specialed/document](http://www.k12.wa.us/specialed/document).

## ***SUCCESSFUL EFFORTS CURRENTLY UNDERWAY***

### **“The Incredible Years” - Prevention with 4-8 Year-Old Children**

The **Incredible Years Parents, Teachers and Children’s Program** at the University of Washington School of Nursing, provides prevention and treatment for conduct disorders for children 4-8 years old. This program is an effort to curtail problems before they worsen and result in the high rate of emotional and behavioral problems in older children and teenagers we are now seeing. Developed by Dr. Carolyn Webster-Stratton at the University of Washington’s Parenting Clinic, the program is a series of training curricula intended to address the three key areas related to conduct disorders in children: the child, the family and the school. Lois Hancock of the Parenting Clinic explained the four main goals of this program:

1. Promote child social competencies
2. Promote parent competencies and strengthen families
3. Promote supportive school environment
4. Decrease oppositional defiant disorders and conduct disorders

Hancock pointed out that less than 10 percent of children with conduct problems actually receive treatment and that parents with personal and interpersonal problems and ineffective parenting skills also lack support. Using methods to increase parental and teacher involvement as well as problem solving with children, the program has yielded the following prevention outcomes:

1. Increases in positive parenting
2. Decreases in harsh discipline
3. Increases in parental involvement in school
4. Reductions in conduct problems

### **The Statewide Mental Health Work Group: Focus and Actions**

The lack of public support and attention to the emotional and behavioral problems of Washington’s children calls for greater efforts to reach policy makers according to Lonnie Johns-Brown and Seth Dawson of the Mental Health Work Group. They discussed their work in the policy arena of mental health. The Mental Health Work Group was created to fill the need for an advocacy organization with the mission of voicing the needs of those with mental health problems. They are working to convince legislators to allocate more money for early intervention/prevention programs and find that they continually need evidence to prove to policy makers that children’s emotional health is a critical issue.

Johns-Brown and Dawson highlighted various barriers to their work with policy makers. A major barrier continues to be public attitude toward mental health which is often seen to have a stigma very different from physical health problems. Additionally, insurance benefits are poor for mental health services. The work of this group is to educate policy makers about the tremendous need

for services for emotional and behavioral problems; services that are as essential as those for physical problems. However, both Johns-Brown and Dawson noted that it will be very difficult to get funding for new efforts in the current legislative climate. Initiative 601 has put a cap on state funding which is seriously hampering continuation of existing services without adding new ones.

## ***CONCLUSIONS***

In his conclusion to the forum's presentations, Dr. Richard N. Brandon noted the following missing pieces in the arena of children's emotional and behavior health in Washington:

- Public understanding of mental health issues is lacking. The stigma of mental health problems still persists and we must work to eradicate negative public perceptions.
- Better methods for screening and identification of emotional and behavioral problems, and better ways to engage parents, teachers and peers.
- More resources into planning and expanding programs and training personnel.
- Involvement of the critical mass of government officials and the public.

## **RESOURCES AND REFERENCES**

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Kelly J. Kelleher, Thomas K. McInerney, William P. Gardner, George E. Childs, and Richard C. Wasserman, *Pediatrics*, June 2000, vol. 105: 1313-1321

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Kristin Anderson Moore and Sharon Vandivere of *Child Trends* and Jennifer Ehrle of *The Urban Institute*, *Assessing the New Federalism* series, June 2000, Series B, No. B-18.

*Stressful Family Lives: Child and Parent Well-Being*

Kristin Anderson Moore and Sharon Vandivere, *Child Trends* and the Urban Institute, *Assessing the New Federalism* series, June 2000, Series B, No. B-17.

*Turbulence and Child-Well Being*

Kristin Anderson Moore, Sharon Vandivere and Jennifer Ehrle, *Child Trends* and the Urban Institute, *Assessing the New Federalism* series, June 2000, Series B, No. B-16.

*Lessons from the Field: Head Start Mental Health Strategies to Meet Changing Needs (Executive Summary)*

National Center for Children in Poverty, [www.cpmcnet.columbia.edu/dept/nccp/lessons.html](http://www.cpmcnet.columbia.edu/dept/nccp/lessons.html)

See also: Task Force on Head Start and Mental Health. (1994). *Strengthening Mental Health in Head Start: Pathways to Quality Improvement*. New York, NY: American Orthopsychiatric Association.

*Young children of affectively ill parents: A longitudinal study of psychosocial development.*

Radke-Yarrow, M., Nottelmann, E., Martinez, P., Fox, M.B., & Belmont, B. (1992). *Journal of the American Academy of child and Adolescent Psychiatry*, 31, 68 – 76.

*Nonresidential father involvement and child well-being*

King, V. (1994) *Journal of Family Issues*, 15, 78 – 96.

*Health and environmental effects on the academic readiness of school-age children* Caughy, M.O. (1996), *Developmental Psychology*, 32, 515-522.

*Long-term effects of early childhood programs on cognitive and school outcomes*

Barnett, W.S. (1995) *Future of Children*, 5(3), 25 – 50.

Cognitive and school outcomes for high-risk African-American students at middle adolescents: Positive effects of early intervention

Campbell, F.A., & Ramey, & Ramey, C.T. (1995), *American Educational Research Journal*, 32(4), 743-772.

Relations between preschool children's child-care experiences and concurrent development: The Costs, Quality and Outcomes Study

Peisner-Feinberg, E.S., & Burchinal, M.R. (1997), *Merrill-Palmer Quarterly*, 43(3), 451-477.

*Childcare quality: Does it matter and does it need to be improved?*

Vandell, D.L. & Wolfe, B. (2000), Report prepared for the United States Department of Health and Human Services, Office for Planning and Evaluation.

Neighborhood and family influences on the intellectual and behavioral competence of preschool and early school-age children

Chase-Lansdale, P.L., Gordon, R.A., Brooks-Gunn, J., & Klebanov, P.K. (1997), In J. Brooks-Gunn, G. J. Duncan, & J. L. Aber (Eds.), *Neighborhood Poverty* (pp. 79 – 118). New York, NY: Russell Sage Foundation.

Bulletin of interest:

*Focal Point: A National Bulletin on Family Support & Children's Mental Health*

Portland State University, Research & Training Center, Regional Research Institute for Human Services, PO Box 751, Portland, OR 97207 – 0751.

Unclaimed Children: The Failure of Public Policies for Children and Adolescents in need of Mental Health Services

Jane Knitzer, with the assistance of Lynn Olson, Washington, D.C. (1520 New Hampshire Ave. N.W., Washington 20036): Children's Defense Fund, c1982.

### **Mental Health Consultation in Early Childhood**

Paul J. Donaldson, Beth Falk and Anne Gersony Provet, 2000, Baltimore, MD, Paul H. Brooks Publishing Co.

#### **WEB SITES OF INTEREST**

[www.connectforkids.org](http://www.connectforkids.org)

**Connect for Kids**

[www.surgeongeneral.gov/library/mentalhealth/summary.html](http://www.surgeongeneral.gov/library/mentalhealth/summary.html)

**Mental Health: A Report of the Surgeon General**

[www.incredibleyears.com](http://www.incredibleyears.com)

**The Incredible Years: Parents, Teachers, and Children Training Series**

[www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org)

**Office of Juvenile Justice and Delinquency Prevention**

[www.cecp.air.org](http://www.cecp.air.org)

**Center for Effective Practice and Collaboration**

[www.state.ky.us/agencies/behave/homepage.html](http://www.state.ky.us/agencies/behave/homepage.html)

**The Kentucky Behavior Home Page**

**Technical Assistance Manual-Definition and Identification**

[www.kidsource.com/NICHCY/](http://www.kidsource.com/NICHCY/)

**National Information Center for Children and Youth with Disabilities**

[www.ffcmh.org/Eng\\_one.htm](http://www.ffcmh.org/Eng_one.htm)

**Federation for Families, Fact Sheet on Childhood Disorders**

[www.rtc.pdx.edu/](http://www.rtc.pdx.edu/)

**Research and Training Center on Family Support and Children's Mental Health  
Portland State University**

[www.re-ed.org](http://www.re-ed.org)

**American Re-Education Association (AREA)**

[www.chadd.org/facts/add\\_facts02.htm](http://www.chadd.org/facts/add_facts02.htm)

**Children and Adults with Attention Deficit Disorder (CHADD)**

[www.nasponline.org](http://www.nasponline.org)

**National Association of School Psychologists**

[www.lsi.ukans.edu/beach/](http://www.lsi.ukans.edu/beach/)

**The Beach Center on Families and Disability – Fact Sheets  
University of Kansas**

[www.pbis.org](http://www.pbis.org)

**Positive Behavioral Interventions and Support Technical Assistance Center**

[www.web.missouri.edu/~spedtl/pbs.html](http://www.web.missouri.edu/~spedtl/pbs.html)

**School Wide Discipline and Social Skill Instruction**

[www.cpmcnet.columbia.edu/dept/nccp](http://www.cpmcnet.columbia.edu/dept/nccp)

**National Center for Children in Poverty**

[www.hspc.org](http://www.hspc.org)

**Human Services Policy Center, Evans School of Public Affairs, University of Washington**

[www.kidscountnetwork.net](http://www.kidscountnetwork.net)

**National Kids Count Network**