Providing Services to Infants, Toddlers and Preschoolers within a Recovery-Oriented Behavioral Health Care System

Introduction

The final report of the President's New Freedom Commission on Mental Health strongly advised "fundamentally reforming" all of mental health care based on a goal of recovery (Department of Health and Human Services, 2003, p.4). In line with this charge, the state of Indiana is currently undergoing a mental health transformation with the goal of recovery principles being truly manifested in the delivery of mental health services. The state of Indiana along with the rest of the nation has been placing emphasis on the strong need to intervene with young children challenged by social and emotional difficulties in a focused and comprehensive manner. Because numerous studies demonstrate the danger of ignoring these needs in hopes that they will spontaneously resolve, Indiana has devoted a great deal of time and resources to the development of services to this vulnerable population.

Medicaid Rehabilitation Option Services offer infants, toddlers and preschoolers along with their caregivers a range of services that can facilitate recovery, support optimum functioning, and enhance the ability to reach one's potential. Federal law describes Medicaid Rehabilitation Option Services as "any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law, for the maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level." (Federal Register, 2007, p. 5). Many young children have never been able to demonstrate their maximum level of functioning as their mental health challenges may have significantly interfered with all areas of development for much of their lifetime. Within this population, the focus becomes bringing them to a level of functioning that best represents their developmental capacities.

Assessment

The process of assessment is crucial to the development of meaningful services as the assessment data drives and informs the development of the service plan. Medicaid Rehabilitation Options Services are justified for youth through the use of the Child and Adolescent Needs and Strengths Assessment (CANS) which identifies the needs and strengths of both the youth and their caregivers. A specialized version of the CANS for children ages 0-5 (Lyons, Cornett & Walton, 2009) appreciates the unique needs of young children and their caregivers. Assessed domains include functioning, mental health needs, risk factors, child strengths, caregiver strengths, and acculturation. Mental health professionals that work with families in a

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	collaborative manner can utilize the assessment to identify the family's preferences for areas of focus and the ways in which these needs can best be met.

Interventions With Young Children

The Medicaid Rehabilitation Option fully supports the need to assist young children within their natural environments in a manner that appreciates the importance of the caregiver relationships. This section discusses three areas that are frequently identified as challenging to young children. Within the CANS 0-5 assessment these areas are referred to as Attachment, Regulatory and Adjustment to Trauma. Attachment refers to the child/caregiver relationship. Regulatory refers to the task of physiological and emotional regulation. Adjustment to trauma as an item in the CANS Assessment refers to the presence of challenges such as nightmares, anxiety, or hypervigilance that can be related to a past trauma.

Attachment

Attachment is a specific and enduring relationship that develops between a child and an adult in a caregiving role. The power of the attachment relationship cannot be emphasized strongly enough. When a young child demonstrates challenges in this area, there are skills that can be developed primarily in the caregiver that can serve to facilitate the child's recovery and age appropriate functioning in this area as well as improvements in the parent-child relationship. The following are examples of skills that often must be taught and developed in caregivers of young children with issues in this area.

- Recognition of child cues for getting needs met
- Identification of child preferences and sensitivities
- Development of a temperament profile for child
- Ability to provide for safety needs of child
- Ability to comfort child when distressed
- Ability to set age appropriate limits
- Ability to balance limit setting with nurturance/empathy
- Ability to demonstrate to child the experience of being "held in mind" (See vignette for demonstration of this skill)
- Capacity to support age appropriate separation and exploration

Regulatory Challenges

Developing self-regulation skills is one of the most important accomplishments of infancy and early childhood. Skill attainment begins with physiological regulation, including behaviors such as regulating sleep and continues with growing ability to manage one's own emotions and feelings. Caregiver scaffolding and support are required for young children to gain skills and competence in these areas. The following skills are examples of behaviors that can be useful for caregivers to develop in meeting the needs of their children with regulatory challenges:

- Ability to identify temperament characteristics (e.g., reactivity, sensory preferences, approach/avoidance, etc.)
- Ability to predict challenging situations for their child

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- Identifying cues that child is distressed
- Ability to maintain connection to child while providing intervention
- Identifying and utilizing strategies for calming
- Identifying needed modifications to environments and interactions
- Providing a child with a balance of stimulation and relaxation
- Ability to assist others in understanding and meeting child needs
- Ability to support the child in developing strategies for self-soothing

Trauma

Trauma is defined as experiencing a dangerous event that overwhelms one's ability to cope and capacity to function. Sources of trauma are broad and include child abuse, neglect, exposure to domestic violence, and experiences such as witnessing or being a part of an accident, natural disaster, crime or war. In the past it was believed that young children were unaffected by traumatic experiences. Now, trauma is thought to have the potential to affect all aspects of development. Traumatized infants and young children are best helped in the context of a supportive relationship. The following are skills to focus on when working with traumatized children:

For Caregiver:

- Recognition of trauma triggers
- Ability to create a protective environment
- Ability to recognize behaviors that demonstrate anxiety or arousal
- Ability to support child in understanding symptoms and needs
- Ability to assist child in developing calming strategies
- Ability to educate others related to child needs

For Child:

- Recognizing physical or emotional arousal
- Communicating needs to caregivers and supportive others
- Accepting support from caregivers and others

The above skills can be considered as a focus of intervention based on the individualized needs of the child and caregiver. Upon determining a need through the assessment process, specific goals and objectives are then identified. The objectives related to the goal can be incremental and developed in a way that reflects the necessary steps needed to progress towards goal attainment. The objectives should be developed in a manner that is measurable and reflects the preferences and input of the caregivers. Consider the following example in which the CANS assessment indicated action should be taken related to attachment:

Behavior: The child appears precocious in self care abilities and does not seem to anticipate that caregiver will meet needs when stressed, needy or in danger.

Goal: The child will use the parent/child relationship in a way that supports overall development.

Objectives: The child will demonstrate awareness that caregiver can meet needs as evidenced by looking at caregiver when hurt or in need.

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	The measurement of this objective should be developed through a conversation with caregiver in which a baseline is established and the question "How will we know we are making progress?" can be answered. Objectives that might demonstrate the movement toward goal attainment in an incremental manner could be: • The child will demonstrate monitoring the presence of their caregiver as evidenced by checking back or looking for caregiver in a group play situation. • The child will stay close to caregiver in new or difficult situations.
Sample Vignette	Payton is a 4 year old girl who resided with her mother and 2 year old sister until her recent removal through the Department of Child Services. Her mother struggles with prescription drug abuse and depression. Payton often ensured that her sister had food to eat and remained safe within the house. A neighbor reported neglect when Payton and her sister were left unattended for several days. The Department of Child Services placed Payton with her aunt and shortly after this placement her mother disappeared. Payton's maternal aunt is now in the process of adopting Payton. Payton's aunt is distressed that Payton appears to not need her and rejects her attempts to care for her. Payton's Home-Based Worker and aunt have identified the need to promote the experience of being thought of and "held in mind" by the aunt as one step towards supporting the development of a secure attachment. The worker and the aunt discussed ways in which this could occur and practiced these strategies during the home visits. The worker modeled this strategy for the aunt by saying to Payton, "When I was at the store this week I saw a doll just like your favorite Dora doll and thought about you and how much you liked playing with her when I was here last". The worker then asked the aunt in a playful way to close her eyes and tell Payton about a time when she made her smile. The worker coached the aunt to relate examples to Payton about how she thinks about her when she is at daycare, in bed at night or with other relatives. This activity turned into several examples of telling Payton things that demonstrated the aunt "holding her in mind" when they were apart. Prior to leaving the visit the worker helped the aunt plan to practice this skill after separations from Payton.
Conclusion	Medicaid Rehabilitation Option supports the acquisition of skills that lead to recovery and optimum functioning of individuals with mental health challenges. For young children attainment of recovery and optimum functioning best happens through support to the child/caregiver relationship. Workers must discuss with caregivers how needs that are identified through the CANS are manifested in the child's daily life and then create a plan to develop the child and caregiver skills required to eliminate the need.

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