PRACTICE PROMPT:
Recognizing Developmental Risk at an Early Age

Some Special Concerns: Who is at risk?
➤ Children coming from households with low income and low maternal education;
➤ Children coming from families where the primary language spoken at home is not English;
➤ Infants and toddlers in families of first time parents, experiencing depression, family conflict, drug and alcohol abuse, and lacking family support.

Start Early
➤ Addressing risks and conditions, in the early years, provides the pathway to a socially competent child and educational success.

Recognizing Disparities: Closing the Achievement Gap
➤ Disparities in child developmental outcomes are evident at 9 months and grow larger by 24 months of age.
➤ These disparities exist *across* cognitive, social, behavioral, and health outcomes and persist into school-age and adulthood.

Normative development: What Should We See?
➤ *At 9 Months* – A child creeps or crawls, responds to their name, knows caregivers from strangers, imitates sounds, stands holding onto support, hits two objects together, understands common words like "no, bye, all gone", sits without help
➤ *At 18 Months* – A child tries putting on their shoes, lets you know what they want, points to things when named, walks without help, speaks 10 to 20 words, shows different emotions, shows interest in other children, brings objects to you
➤ *At 4 years* – A child asks questions, plays make believe, dresses with little help, puts together small puzzles, climbs up and down a slide, matches or names some colors, tells stories, understands simple home rules, shares and takes turns but is possessive over favorite toys, begins to control frustration, and starts to understand danger.

Children at Risk of Severe Developmental Problems: The Warning Signals

What Signs Require Immediate Evaluation?
➤ No babbling, or pointing or other gestures by 12 months
➤ No single words by 16 months
➤ No two-word spontaneous phrases by 24 months
➤ ANY loss of ANY language or social skills at ANY age

Strategies for Intervention
Engage and Support Parents
Infants and toddlers can grow and develop with a disability, but they cannot thrive without the love and care of their families. Supporting and enhancing the family's capacity is a central theme of infant and toddler mental health.

- Recognize the family as the expert on the child.
- Accept the legitimacy of parents' personal and cultural thinking and feeling about the child with a disability.
- Be open to the full range of human emotions, experiences, and coping styles.
- Recognize the parents' feelings and meaning of disability, but also contribute some knowledge about availability of services that may help the parent and contribute to the child's growth and development in social and intellectual skills.
- With maternal education as a prevalent risk factor, interventions should include a parental education component; supporting parents in their own educational attainment is crucial.

Improve Child and Family Services
- Assure that parent education materials are translated into relevant languages for local families.
- Support the use of community health workers with cultural competency in a variety of early childhood service settings.

Support the Mental Health Needs of Traumatized Young Children
Be alert to:
- Children exposed to multiple stressful events
- Children in homeless families
- Children in military families in which returning soldiers suffer from posttraumatic stress disorder (PTSD)

Home-visiting and Child Care
- High quality and intensive interventions at home and in center-based settings provide optimal and sustained gains for children.
- Families whose home language is not English and low income families are more likely to use home-based child care; this points to the necessity to focus on curriculum development and professional development for home-based providers to improve the quality of care received by these infants and toddlers.

A Window of Opportunity: Part C of IDEA
When children are identified with developmental delays or increased risk factors, there is an opportunity to provide support. Minnesota's infant and toddler development and referral program, known as "Help Me Grow," is available at **1-866-693-4769—** http://www.health.state.mn.us/divs/fh/mcshn/ecip.htm This is a link to an Early Intervention Team that will provide developmental screening and assessment without cost.

Useful References: A Selected List

Screening and Assessment:
- Minnesota Children with Special Health Needs (MCSHN)—Infant and Toddler Intervention Services—Help Me Grow. To locate your local early intervention office, go to: http://www.health.state.mn.us/divs/fh/mcshn/directory/ For questions regarding diagnosed conditions and eligibility, call Shawn Holmes at 651-201-3641 or 1-800-728-5420**.** This service is free and confidential.
- *Practice Notes* #16, "Referral for Disabilities: A New Responsibility for Child Protection," is available at: http://www.cehd.umn.edu/SSW/cascw/attributes/PDF/practicenotes/Practice%20Notes%2016%20-%20color.pdf or call 612-625-6550.

Developmental Information:
- **Information about early childhood development:** Minnesota Parents Know website at: http://parentsknow.state.mn.us/parentsknow/index.html
- Relevant "Fact Sheets" are available from the Minnesota Department of Health website at: http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/ and scroll down to item 2b to click the list of examples. The following may be of particular interest: "Depression of Infancy and Early Childhood"; "Anxiety Disorders of Infancy and Childhood"; "Posttraumatic Stress Disorder"; "Prolonged Bereavement/Grief Reaction Disorder"; "Disorders of Relating and Communicating."
- For "Developmental Wheel," call 651-201-3650 or 1-800-728-5420 or visit their website at: http://health.state.mn.us/divs/fh/mcshn/wheel.htm

Parent Connections and Child Care Resources:
- Minnesota Children with Special Health Needs Information and Assistance Lines at: 651-201-3650 or 1-800-728-5420
- Minnesota Head Start – 218-728-1091—http://www.mnheadstart.org/
- MN Child Care Aware—http://www.mnchildcare.org/imm_map.php;
- Parent Aware provides ratings for quality: http://www.parentawareratings.org/pa/search
- Early Childhood Family Education: http://education.state.mn.us/MDE/Learning_Support/Early_Learning_Services/Early_Childhood_Programs/Early_Childhood_Family_Education/index.html

Consultants:
- Candace Kragthorpe, Minnesota Association for Infant and Early Childhood Mental Health (MAIECMH) http://www.macmh.org/; 651-644-7333 or ckragthorpe@macmh.org
- Catherine Wright, Early Childhood Mental Health Program Coordinator, Children's Mental Health, Minnesota Department Human Services: www.dhs.state.mn.us; catherine.wright@state.mn.us
- Eileen Nelson, ECFE coordinator, Minnesota Department of Education, 651-582-8464; eileen.nelson@state.mn.us
- Sue Benolken, Part C Program Coordinator, interagency facilitator, Minnesota Department of Human Services; 651-431-3860, sue.benolken@state.mn.us
- Loraine Jensen, Part C Coordinator, Minnesota Department of Education; Loraine.F.Jensen@state.mn.us

- Anne Gearity, author of "Developmental Repair: A Training Manual" (available at: http://www.washburn.org), geari002@umn.edu

For Further Reading:

- *Early Childhood Mental Health*, in <u>Healthy Generations</u>, Winter 2009-2010, a publication of the Center for Leadership Education in Maternal and Child Public Health, School of Public Health, University of Minnesota.
- *Children with Disabilities Involved in the Child Welfare Continuum*, Summary Report, August 2009, Children and Family Services, Minnesota Department of Human Services.
- *Babies in Minnesota: The Well-Being and Vulnerabilities of Our Youngest Children*, Wilder Research Information, Insight, Impact, November 2009.
- *Developmental Status and Early Intervention Service Needs of Maltreated Children,* U.S. Department of Health and Human Services, April 2008, available at: http://aspe.hhs.gov/hsp/08/devneeds/report.pdf

Sources:

Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessell, H., & Vick, J. (2009). *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study—Birth Cohort (ECLS-B)*. Washington, DC: Child Trends.

Chang, H. & Romero, M. (2008). *Present, Engaged, and Accounted For. National Center for Children in Poverty*. Mailman School of Public Health. Columbia University.

Johnson, K. & Theberge, S. (2007). *Reducing Disparities Beginning in Early Childhood*. Project Thrive. New York, NY:National Center for Children in Poverty.