



C9 Through the Lens of Wraparound: An-Early Childhood Approach

Wednesday, June 13, 2018 10:30 a.m. - 12:00 p.m.

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Salon 5

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**Through the Lens of Wraparound
An Early Childhood Approach
Debbie Reno-Smith
Kim Stokem**

Cultural Awareness

Services and intervention programs should approach families with cultural humility. It is important to recognize that the Child and Family Team process reflects the culture and preferences of children, youth, and families, building on their unique values and capacities. Care must be taken to integrate their cultures into service coordination and delivery.

Hoffman, Melinda., Ph.D. Cultural Humility: A Lifelong Process. <https://socialwork.sdsu.edu>



**Early Childhood
Best Practices Guild**

Challenge of assessment and billing within Medi-Cal documentation standards and regulations. Medi-Cal documentation is limited for the 0-6 population.

Using crosswalks during the assessment process. The National Center for Zero To Three offers a comprehensive Crosswalk that includes DC 0-5, DSM 5 and the ICD 10 available on their website.

- CANS - Child & Adolescent Needs & Strengths Assessment – with adapted modules for 0-5
- ACEs: Adverse Childhood Experiences Assessment
- Ages & Stages Questionnaire (ASQ)
- **TESI-CRF-R/TESI-PRR**
- **Sensory Integration Assessment/Sensory Processing measure 0-5**



Early Childhood Intervention Models



- **Parent Child Interaction Therapy (PCIT)**
- **Responsive Parenting Model/Wisdom Pathways Dr. Kate Menden**
- **Dr. Ellen Perry Neurosequential Model of Therapeutics**
- **NCAST Parent Child Interaction Teaching Series**
- **Ross Wozniak**
- **Circle of Security**
- **Child Parent Psychotherapy**



**Training of Early
Childhood Champions**



**Flexibility so that counties
can train to what's
relevant/needed in their
county
Available to different job
classifications for none/to
very reasonable cost.**

Early Childhood Development/Stages

- Normalizing developmental stages
- Trained in developmental stages
- NCAST trained to be able to read baby cues and model this for parents and guardians
- Having trainings and orientations for professionals, community, parents/guardians in what the process is like, what the assessment is like and the benefits of the assessment, roles of the team members/treatment team and professionals

Resources



- Zero to Three trainings
- Area specific Infant/Child Behavioral Health Programs
- Encyclopedia on Early Childhood Development

Questions



Reflective Practice Reflective Supervision



Reflective Practice Model

- It is recommended that a reflective practice model of supervision/consultation be employed or provided in Early Childhood Wraparound. This model requires a continuous process of deliberate self-observation and analysis of one's work with a goal of supporting the practitioner and improving one's professional practice. The reflective practice facilitation model involves integrative and supportive practices of identifying personal experiences in practice, attunement and attention to diversity, application of relevant theory, emphasis on the importance of relationship, and exploration of effective approaches to enhance service delivery to families.

We need Wraparound, too!!!



California Statewide Wraparound Committee **Early Childhood Wraparound Recommended Best Practices**

Committee Members: Kim Stokem – Facilitator, Carol Rossi, Heather Coleman, Kim Beckam (Contra Costa County) Debbie Reno-Smith, Robert Sanchez, Christine Hart, Rachel Zorn (Riverside), Wendy True (Stockton) Marissa Espinoza (Ventura), Cesar Salgado (Los Angeles), Glenda Estrada (San Bernardino) Tabitha Baldwin (Fresno), Jon Nibbio (San Luis Obispo), Shana Pompa, Debra Hartman (Santa Barbara), Nenita Dean (Stanislaus), Lupe Grimaldi, Catalina Hillestad, Jillian Gracia, Mary Sheppard (CDSS)

History:

Early Childhood Wraparound, formerly 0-6 Baby Wraparound, began in April 2015 with a small, dedicated work group with 5 counties represented. For the first 6 month the work group focused on what is needed to be a Baby Wraparound Champion – to quote Mary Sheppard! And developed guiding questions for the work group members to take back to their counties and other counties they worked with to begin collecting information on Early Childhood Wraparound and Mental Health services. This lead to the work group creating a survey that over the next 6 months was distributed at the CWAC, statewide HUBS and The Partnership for Well-Being Institute. The work group was joined by new members at each of the CWAC's in person meetings, with 9 counties represented and CDSS membership. Based on the information from the survey's the work group focused on the following areas of Early Childhood Wraparound and Mental Health.

Introduction and Purpose:

As part of the efforts by the Baby Wraparound Committee, recommendations for provider competencies are of the utmost importance when establishing Early Childhood Wraparound services. Key areas of focus for program components as well as recommended areas of training are outlined in the overview and summary document. The intent is to build on the strengths of the Wraparound Model utilizing the clear principles and strategies outlined in the Core Practice Model. These recommendations will integrate an interdisciplinary and developmentally based early childhood focus which includes social emotional development, relationship driven, trauma informed care, reflective practice, and grounded in the context of the child and family culture.

It's important to note the extensive amount of resources that are available for providers of Wraparound to become trained and supported so they can have strong impact with very young children and their families within the Statewide Wraparound Model. This committee recognizes and acknowledges that support to build providers' skills and competencies specifically with focus on very young children within the context of relationship will enhance delivery of the service model and have a positive impact on very young children and their families. Additionally this committee is highly committed to recommending tools and training that will demonstrate positive outcomes.

Cultural Awareness

Culture and fostering awareness is an imperative factor to explore and hold in awareness as we provide services under the Wraparound Model. Culture refers to a group's shared attitudes, traditions, beliefs and practices.

Culture influences child rearing, belief systems, and ways of interacting with others, so through their culture – familial and external – children learn which behaviors are encouraged and accepted or discouraged and unaccepted. For example, some cultures value independence while others value interdependence.

As children navigate and derive meaning from cultural expectations, their social and emotional development is shaped and impacted.¹

¹ Chen X. Culture and Early Socio-Emotional Development. In: Tremblay RE, Boivin M, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* <http://www.childencyclopedia.com/culture/according-experts/culture-and-early-socio-emotional-development>. Published June 2009.

Research suggests that that adults who engage children in culturally responsive educational experiences help to: build young children's self-confidence and skills, increase children's awareness, appreciation and inclusion of diverse beliefs and cultures, and maximize children's academic achievement and educational success. There are three developmental characteristics of why starting in early childhood is critical:

- 1.) Children as young as 2 ½ to 3 years old become aware of and begin to take in socially prevailing ideas, feelings, and stereotypes about people and themselves.
- 2.) A child's interactions can inevitably shape their perception and judgment of others.
- 3.) Young children have the intellectual capacity for undoing any pre-existing unfair perceptions of others.²

Adult role models are a powerful tool in teaching children to become culturally sensitive and respectful. It is important for adults to take a strengths-based approach when talking to children about those who are different from them. Using a strengths based approach allows the focus to be on positive characteristics of a person and how these differences make our world a better place.³

Services and intervention programs should approach families with cultural humility. It is important to recognize that the Child and Family Team process reflects the culture and preferences of children, youth, and families, building on their unique values and capacities. Care must be taken to integrate their cultures into service coordination and delivery.⁴

Cultural humility is a lifelong process. It is about accepting our limitations and constantly working to increase our self-awareness and engaging in a self-reflection process that helps us learn from clients. All professional and paraprofessional participants of the Child and Family Team should understand and recognize that strengths exist in all cultures. The provision of services should be sensitive to client's cultures and differences. Clients are collaborators in the process and are capable of helping others understand what they have gone through in life.⁵

Provider Training and Competency

This committee has referenced the California Center for Infant-Family and Early Childhood Mental Health as a resource to guide a focus for provider competency development and support. As outlined in the "California Compendium of Training Guidelines, Personnel Competencies, and Professional Endorsement Criteria for Infant-Family and Early Childhood Mental Health" manual there are key areas of domains for training. Facilitators, Family Support Counselors, Parent Partners, and Supervisors may seek training in the following areas of emphasis specific to their role and scope of practice: Parenting, Caregiving, Family Functioning and Parent-Child Relationships, Infant, Toddler, and Preschool Development, Biological and Psychosocial Factors Impacting Outcomes, Risk and Resiliency, Observation, Screening, and Assessment, Diagnosis and Intervention, Interdisciplinary/Multidisciplinary Collaboration, and Ethics.

Assessments of 0-6 populations:

- Challenge of assessment and billing within Medi-Cal documentation standards and regulations. Medi-Cal documentation is limited for the 0-6 population.
- Using crosswalks during the assessment process, such as Minnesota's DC 0-5 and DSM 5 Crosswalk. The National Center for Zero to Three offers a comprehensive Crosswalk that includes DC 0-5, DSM 5 and the ICD 10 available on their website.
 - **CANS - Child & Adolescent Needs & Strengths Assessment – with adapted modules for 0-5**
 - Can capture a limited amount of information
 - Baby CANS (used by Contra Costa 0-6 CBO's)
 - Evidence informed (not evidence based)

² <http://child.unl.edu/cultural-diversity>

³ Tirrell-Corbin, Christy. How to Teach Children About Cultural Awareness and Diversity. www.pbs.org

⁴ All-County Letter 16-84: Requirements and Guidelines for Creating and Providing a Child and Family Team
<http://www.cdss.ca.gov/inforesources/Letters-Regulations/Letters-and-Notices/All-County-Letters/2016-All-County-Letters>

⁵ Hoffman, Melinda., Ph.D. Cultural Humility: A Lifelong Process. <https://socialwork.sdsu.edu>

- Can help inform treatment planning
- Original purpose to help see what needs a child has and if they match with caregivers perceptions
- Not good to measure progress
- Computer Program can be used as a tool for supervision and team planning is very effective.
- Complete package is expensive
- The high cost for re-training may limit the number of people who can take the training

Early Childhood (EC) Module - 0-5						CANS-SB Modules					
	unknown	0	1	2	3		unknown	0	1	2	3
Motor		0	0	0	0	Substance Exposure	0	0	0	0	0
Sensory		0	0	0	0	Maternal Availability	0	0	0	0	0
Communication		0	0	0	0	Parent or Sibling Problem		0	0	0	0
Aggression		0	0	0	0	Empathy for Child		0	0	0	0
Regulatory Problems		0	0	0	0	Curiosity		0	0	0	0
Failure to Thrive		0	0	0	0	Playfulness		0	0	0	0
PICA		0	0	0	0	Adaptability		0	0	0	0
Birth Weight	0	0	0	0	0	Persistence		0	0	0	0
Prenatal Care	0	0	0	0	0	Self Care/Daily Living Skills		0	0	0	0
Labor and Delivery	0	0	0	0	0						

<https://dmha.fssa.in.gov/darmha/Documents/CANS0-5ManualSFY2014Rev.pdf>

- **ACEs: Adverse Childhood Experiences Assessment**

- An ACEs score is a tally of different types of stress, trauma, and /or neglect.
- An ACEs score also includes household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders
- According to the Adverse Childhood Experiences study, the more adverse experiences tallied, the higher the risk for later health problems.
- Also according to the study, childhood experiences, both positive and negative have a tremendous impact on future violence victimization and perpetration

<https://www.samhsa.gov/capt/practicing-effective.../adverse-childhood-experiences>

<https://www.cdc.gov/violenceprevention/acestudy/index.html>

- **Ages & Stages Questionnaire (ASQ)**

- Used to look at emotional development
- Different people can administer it (if trained)
- Not whole child or whole family
- Subjective
- highly valid, reliable, and accurate
- cost-effective
- easy to score in just minutes
- researched and tested with an unparalleled sample of diverse children
- a great way to partner with parents and make the most of their expert knowledge
- fun and engaging for kids

- The **ASQ-3** is one the most accurate, user-friendly way to screen children for developmental delays between one month and 5½ years, without any gaps between the questionnaire age intervals. ASQ-3's questions on behavior and communication also help elicit parent concerns that may point to autism.

- The **ASQ:SE-2™** questionnaires are one of the most reliable way to screen young children for social-emotional issues in the first 6 years of life. The 9 age-appropriate questionnaires (2, 6, 12, 18, 24, 30, 36, 48, and 60 months) effectively screen 7 key social-emotional areas: self-regulation, compliance, adaptive functioning, autonomy, affect, social-communication, and interaction with people.

agesandstages.com

<https://www.zerotothree.org/espanol/ages-and-stages>

<https://childdevelopmentinfo.com/ages-stages>

Intervention Models:

- **Parent Child Interaction Therapy (PCIT)** is an evidence-based treatment for young children with emotional and behavioral disorders that places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Most of the session time is spent coaching caregivers in the application of specific therapy skills. Therapists coach from an observation room with a one-way mirror into the playroom, using a “bug-in-the-ear” system for communicating to the parents as they play with their child.
- Acceptable age-range for children participating is between two and seven; the timeline for therapy is typically between 10 and 20 weeks.
 - Also can be used as an assessment tool
 - Excellent outcomes
 - Research based
 - Could be more affordable with grants and MOU’s partnerships
 - High cost and need proper set-up
 - Highly specialized training is needed
 - Time intensive for all involved
- **Reparative Parenting Model/Wisdom Pathways: Dr. Kate Messina**
 - Teachers and coaches parents & professionals about children’s neurodevelopment and how to parent children who have had early life adverse experiences
 - Moves beyond conventional parenting techniques and behavior management, with focus on producing positive change for children who have experienced early adversity
 - Redefines, for the child and parents, the family context as the essential, relational space in which healing from early childhood trauma occurs
 - Specific brain-stem learning that yields discovery and mastery of the body, emotions, and ultimately relationships
- **Dr. Bruce Perry: Neuro-sequential Model of Therapeutics (NMT)⁶**

People are unique. There are internal and external processes that interact to shape a person. Everyone has strengths and are susceptible to physical or emotional harm. Intense harm can interfere with a person’s potential to balance opportunities and challenges. In extreme cases, such as those dealing with maltreatment, children express a range of problems. The US extends a tremendous amount of effort and expenditures towards these issues that have been ineffective.⁷

⁷ Perry, B.D. and Hambrick, E. (2008). *The Neuro-sequential Model of Therapeutics*. Reclaiming Children and Youth, 17 (3) 38-43.

The Neuro-sequential Model of Therapeutics (NMT) is developmentally sensitive and neurobiological informed. It is an evidence-based practice that assists with organizing a child's current functioning and history in order to help best meet the needs of the child. Using these factors helps create an estimate of developmental risk that may have influenced brain development. It is widely applicable to a variety of clinical and educational environments.

This approach has 3 components:

1. Training/capacity building
 - A. A combination of informative teaching and web based sessions
 - B. Also utilizes a host of multimedia and reading materials on topics that are relevant to understanding the impact of maltreatment on the developing child
 - C. The training process provides necessary components to establish and maintain fidelity
 - D. Year-long, self-paced certification process for individual clinicians and organizations
2. Assessment
 - A. Identifies challenges and relationships which contribute to risk or resiliency
 - B. Designed to complement existing assessment tools (e.g. CANS, CAFAS) and psychometrics (e.g. CBCL, WISC, etc.)
 - C. Primary goal: to ensure the clinical team is organizing the client and family's data in a developmentally sensitive manner
3. Specific recommendations for the selection and sequencing of therapeutic, educational, and enrichment activities to match needs & strengths of individual
 - o A. Developmentally sensitive interventions A review of the history of adverse experiences and relational health factors helps create an estimate of the timing and severity of developmental risk that may have influenced brain development
 - D. A dysregulated individual will have a difficult time benefiting from efforts implemented to address organizing and insight oriented functioning

This clinical approach assists professionals with creating an individualized intervention plan that will meet the child's current needs in a variety of functioning domains. As treatment progresses, the recommendations may turn towards insight oriented and cognitive behavior interventions (e.g. PCIT, TFCBT).

www.childtrauma.org

- **NCAST Parent Child Interaction Teaching Scales**
 - o NCAST – Nursing Child Assessment Satellite Training
 - o Trains in how to pick up verbal and non-verbal cues of 0-3 population
 - o Can be used as part of an assessment and to normalize behaviors
 - o Can be used by many different disciplines

www.ncast.org

- **TESI-CRF-R/TESI-PRR**
 - o Assesses child's experience of a variety of potential traumatic events that includes current and previous traumatic events.
 - o Developmentally sensitive
 - o TESI-PRR assesses parent's report on trauma

<https://www.ptsd.va.gov/professional/assessment/child/tesi.asp>

- **Rose Wentz**

- A visitation model to support the children in maintaining and enhancing their attachment with parents, siblings, and others with whom they have emotional connections during the reunification process.
- Empower parents to learn, practice and demonstrate improved skills to meet safety and well-being needs
- Improve sibling connections and visits; enhance worker visits with children; develop worker visits with parents and caregivers; bolster family finding activities, and supports supervisors to ensure best practices when workers visit children
- during reunification process to visit with parents and caregivers
- A visitation model to support the child during reunification process to visit with parents and caregivers

<http://www.wentztraining.com/visitsconnections>

- **Child Parent Psychotherapy (CPP)**

- Therapeutic model and assessment tool for infants, toddlers and preschoolers whose have experiences of treatment, violence and other forms of trauma thin their mot inmate relationships
- Evidence based model
- Dyadic work with child and parents/caregivers to support and strengthen the relationship between the child and parent/caregiver
- Identify ways caregiver can repair the child's sense of safety, attachment and appropriate affect
- Identify ways to improve the child's cognitive, behavioral and social functioning
- Through the assessment process strengths of the child, caregiver and significant people are identified.
- Underlining, core needs emerge during the assessment process.
- Naturel supports are identified in many different ways to the caregiver

childtrauma.ucsf.edu/resources-0

- **Circle of Security**

- Trained Facilitators work with parents and caregivers to understand child's emotional world by learning to read cues of emotional needs
- Support child in successfully managing emotions
- Enhance development of self-esteem
- Demonstrates how to build security for young children

- **Developmental stages training, such as Greenspan**

- Normalizing developmental stages
- Trained in developmental stages
- NCAST trained to be able to read baby cues and model this for parents and guardians
- Having trainings and orientations for professionals, community, parents/guardians in what the process is like, what the assessment is like and the benefits of the assessment, roles of the team members/treatment team and professionals

<https://developingchild.harvard.edu/.../the-science-of-early-childhood-development-cl>

<https://childdevelopmentinfo.com/ages-stages>

<https://www.ciu20.org/cms/lib/PA01916263/Centricity/.../developmental%20chart.pdf>

Sensory Integration Assessment/Sensory Processing measure 0-5

- Some children seem to have trouble handling the information their senses take in—things like sound, touch, taste, sight, and smell. Besides these common senses, there are also two other less well known ones that can be affected—*proprioception*, or a sense of body awareness, and *vestibular* sense, which involves movement, balance, and coordination.
- Children with sensory processing issues experience too much or too little stimulation through these senses. They may also have difficulty integrating sensory information—for example things that they see and hear simultaneously, like a person speaking—might seem out of sync for them.
- Children with sensory issues sometimes exhibit extreme behaviors: screaming if their faces get wet, throwing violent tantrums when you try to get them dressed, because the physical sensations involved are overwhelming to them.
- Children may have surprisingly wild mood swings as a reaction to a change in environment. For instance, a first-grader might be fine in a quiet setting with a calm adult. But place him/her in a grocery store filled with an overload of visual and auditory stimulation and they might melt down (i.e. have a severe tantrum that seems to be of her control), and aren't likely to stop, whatever a caregiver might do, until they are exhausted.
- The Sensory Processing Measure provides a complete picture of a child's **sensory processing** difficulties at school and at home. The measure can assess how **sensory processing** problems can manifest in various settings and which areas appear to have no dysfunction, mild dysfunction, or definite dysfunction.
- **Occupational therapists** (OT) are the specialists who work with children who have sensory issues. Children can be referred to an OT at his/her school or through a Regional Center. OT's engage kids in physical activities that are designed to regulate their sensory input, to make them feel more comfortable, secure, and able to focus.

- **Coaching Model** for ages 0-18 (by Marty Bryer, currently used in San Diego & San Francisco County's, UCD Resource Center is looking at her possibly doing trainings.)

Process:

- Two hours 2x a week
- Have a pre-meeting where the coach meets with the parent alone and they plan for upcoming session
- Session with child/family
- Debrief- what went well, what to change or improve on
- Information shared with social worker
- Utilizes Safety Organized Practice Model
- Training is inexpensive
- Transportation can be a barrier

martybeyer.com/content/visit-coaching

- **Training of 0-6 champions:**

- Flexibility so that counties can train to what's relevant/needed in their county
- A standardized statewide training through CDSS with recommendations, structure and expectations. Suggestions for a "main model" and "fluid" model.
- Available to different job classifications for no to very reasonable cost.

<http://cacenter-ecmh.org/wp/professional-development/california-compendium-of-training-guidelines-personnel-competencies-and-professional-endorsement-criteria-for-infant-family-and-early-childhood-mental-health/>

- **Zero to Three trainings**

<https://www.zerotothree.org/>

- **Area specific trainings, such as Napa Infant and Parent training program**

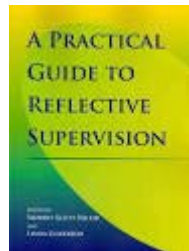
<https://extension.ucdavis.edu/areas-study/health.../napa-infant-parent-mental-health>

- **Encyclopedia on Early Childhood Development**

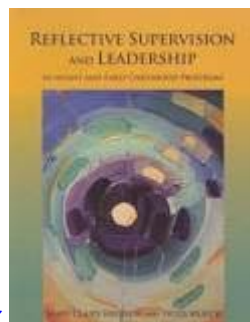
www.child-encyclopedia.com/

Reflective Practice/Reflective Supervision

Finally, it is recommended that a reflective practice model of supervision/consultation be employed or provided in Early Childhood Wraparound. This model requires a continuous process of deliberate self-observation and analysis of one's work with a goal of supporting the practitioner and improving one's professional practice. The reflective practice facilitation model involves integrative and supportive practices of identifying personal experiences in practice, attunement and attention to diversity, application of relevant theory, emphasis on the importance of relationship, and exploration of effective approaches to enhance service delivery to families.



<https://goo.gl/images/P5t6BR>



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