

OHIO DEPARTMENT OF MENTAL HEALTH
EARLY CHILDHOOD MENTAL HEALTH FY 2009 REPORT

Appendix - Narrative

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THE FOLLOWING NARRATIVE WAS PROVIDED AS PART OF THE FY 2009 ECMH PROGRAM REPORTS FROM ECMH PROVIDERS AND MENTAL HEALTH BOARDS.

ECMH CONSULTATION

Narrative of the overall impact of ECMH Specialists on the goal of building protective factors and increasing competencies and skills of parents and providers, including how the Initiative has positively impacted children and families in the community.

The use of Early Childhood Mental Health Specialists to provide center-based consultations, child-specific interventions, and parent/provider education increases the likelihood that children will be exposed to more positive parenting and child care practices. Building protective factors to moderate or buffer the negative effects of stress for both children and families is the cornerstone of an effective ECMH consultation program. By offering consultation, parenting education groups, and in-home community support services that focus on strengthening parenting, providing social connections, increasing knowledge of parenting and child development, linking families to needed supports, and facilitating the social and emotional competence of children, child-care providers and parents are able to respond more appropriately to the social and emotional needs of young children. Adults with information about support systems and resources for assistance may also be more likely to reach out for help when they become stressed by the challenges of raising a young child.

Staff gained a broader understanding of the importance of social emotional health and the importance of building protective factors as it relates and affects the child's behavior in the classroom and in society. The classroom staff increased the use of positive discipline in the classrooms, creating a calmer, more caring environment.

Staff in the local day care community have learned methods of sharing information regarding protective factors to the families they serve. The staff and parents gained awareness and insight into the services offered in the community as they relate to mental health services, and additional educational services previously unknown to them.

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Recently several of the child care providers left one of the centers we serve and moved to another center. They quickly contacted us requesting the same consultation services that their new center. They stated that they “loved” our service and felt that it was helpful. They wanted to make sure they had our unique collaborative relationship in their center.

Early childhood providers have raised concerns about seeing more special needs children than they have in the past. Special needs seen include abuse, children of substance abuse parents, foster children, behavioral and emotional problems. Most childcare staff are not experienced working with children that present challenging behaviors or communicating with parents about these problems. They have difficulty identifying the child’s needs, approaching parents, as well as where and how to refer for assistance. Positive response from providers and parents indicate that the ECMH program is providing results.

There appears to be an increase in communication with staff and caregivers regarding the appropriate development of young children and staff members are utilizing the consultation resources available to them. Childcare staff are also making more referrals to local resources for concerns with developmental delays, counseling services, and financial resources for their families. The consultant receives calls from childcare staff members regularly asking about resources related to parenting, speech, and financial resources for all of their families, not just the children they are referring for individual consultation. Building these attachments between parents and childcare staff, carries over into the classroom where teachers are building stronger relationships with their children. Childcare staff are more able to identify possible causes to challenging behavior and have been less apt to take the behavior as a personal attack. This makes it much easier to develop appropriate interventions and work with parents more effectively.

We often act as a “go between” for the parents and the early childhood setting. Many parents feel overwhelmed at having to interact with center staff, perhaps due to their own inadequacies. Our consultants help parents build the relationship with the center staff and educate parents on how to interact or ask questions or attend a meeting. This ultimately increases the protective factors when parents feel comfortable to be open with center staff about the various things that go on in the child’s life at home.

We provided “The Incredible Years” Parenting series to a group of parents in the community and they were very receptive and it was well attended. Since the Initiative has been in the county, the quality of the work has spread to other daycare settings, Children’s Services has requested the service, and Help Me Grow has been referring their at risk children to us for consultation as well as additional services. We have been able to use “The Incredible Years” puppets with our preschools and elementary schools to benefit issues that needed to be addressed. The puppets have been used as appropriate role modeling for small groups at the mental health center. The Initiative did not fund these experiences, except for the parenting classes at Head Start, but if the Initiative had not paid for the training in the use of the puppets, these kinds of experiences would not have been available to the community.

In addition to addressing the specific issues of individual children referred, the ECMH specialist has been able to build competencies by offering a parenting skills training for all of the parents and staff. There has also been the opportunity to do general classroom observation which

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affords the opportunity to provide the teachers/staff with some constructive advice as well as commenting on specific children. The skills impact the community as they are easily translated to other situations and provide an opportunity for parenting to be viewed as fun and positive. This increases referrals and the opportunity to provide other families with these skills as well.

Many of the teachers now regularly implement the strategies and coping skills within their classrooms. As a result, the staff are often able to effectively intervene in situations which do arise without outside consultation, and they are better able to determine when it is appropriate to make a referral for additional observation and assessment.

Examples of consultation services provided including issues that were presented, the proposed solution, and whether the solution was effective for both child centered and program centered consultations.

Child Centered

In winter of 2009 a child was removed from a local childcare center, reportedly due to behavioral difficulties and placed in a center the ECMH Consultant was working with. The child was immediately referred for individual consultation services and the family quickly agreed because of their concern with the previous childcare removal. The consultant approached the teachers about observing the behavior, noting times when his behavior escalated, when he was able to follow directions, activities he enjoys etc. His teachers were more than willing to do so and after about 4 weeks they completed a DECA. At that time the child was adjusting well with few problems or conflicts in the classroom. The consultant had little contact until a few months later when his teacher called and reported an escalation in behavior to include, aggression toward peers, knocking down chairs when angry, and throwing things in classroom. Teachers were documenting concerns and the consultant scheduled several different times to observe the child in the classroom. After these observations it appeared that his behavior was triggered by close proximity of peers and being given a command with no choices. The plan developed with school and mom, focused on giving him choices, (with appropriate consequences based upon choice), clarifying his space with a larger carpet square, and teaching him ways to manage feelings of anger. His mother was a part of the plan and able to implement healthy ways to express and cope with feelings of anger at home. She and his teachers were open to work with him on this before he was actually angry and then practiced with him in the moment of feeling angry. The consultant modeled ways and options to give child in the classroom for managing his feelings of anger. Mom was very appreciative and had not thought about the need to educate her son on how to manage his feelings of anger. When he first came to the center his teachers were concerned about him starting kindergarten in the fall of 2009 but with his improvement he will be starting kindergarten in August of this year.

A consultation can often significantly impact children and families by offering a safe connection to social support services. One Resiliency Coach had been working with a classroom for a few weeks. One child, a very young three year old boy, displayed significant difficulty following directions and remaining on task. The Coach had found opportunities to speak with the boy's

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mom on several occasions. During a conversation, mom admitted that she had previously been taking her son to a psychologist at a local agency, but stopped attending appointments she “didn’t like the staff.” Mom was provided with information about different agencies she could consider contacting to obtain services for her son. During the period when she was waiting for the child’s case to be opened through another agency, mom continued to talk to the ECMH Specialist and family service coordinator when ever she would see them at the child’s program. One day, mom shared that she did not feel safe to be around her children, because she might do something harmful to herself or them. She had come to feel comfortable enough with the ECMH Specialist and family service coordinator that she was able to ask for help. The Resiliency Coach helped to coordinate efforts to immediately connect mom to supportive services, which allowed the children (and mom) to remain safe. As the EC program and the ECMH support were already assisting her son in the classroom, agency providers were able to maintain some consistency in his life by ensuring that he was not relocated to another EC program. Having some predictability (same program, teachers, his Coach-helper, and friends in the classroom), served as a protective factor in helping this little guy, and his family, cope with a very difficult situation. ECMH Specialists are not just for children, but can literally be lifelines for families who need help.

At one local center, a child was referred for aggressive behavior. The child had been in an orphanage in Haiti for 3.5 years of his life. He had no language skills, knew nothing about communication other than basic needs for survival. He was aggressive, but only because he truly did not know how to behave otherwise. He lacked social skills, did not understand how to ask for something or, resolve conflicts with others. The consultation services allowed the child care center to collaborate with the public preschool for intervention services such as speech, to provide referrals for behavioral intervention for the family and modeling intervention strategies for the teacher and classmates.

A child was referred for behavior and was observed in his center environment. The Early Childhood Mental Health Consultant was able to assist the staff in understanding why this particular child had “behavior issues.” The class schedule included too many “sitting in group times” and a more effective way to management the classroom was suggested by breaking the day into smaller sitting times. The staff also learned to teach the children conflict resolution skills, instead of just encouraging child to say “I’m sorry.”

A referral came from a childcare center with concerns with 3-year-old twin boys. They were living with their grandma after CPS removed them from their parent’s home due to neglect and substance abuse. These 3 year olds were not potty trained, showed limited verbal communication, aggressive when angry, and were disrupting the entire classroom. CPS and their grandma, who also worked at the center in another classroom, were open to services and observations of the children began. The consultant met with the grandma to get as much information regarding their history and her concerns in her home. Teachers were asked to track behavioral concerns and times when children were following directions well. One of the biggest difficulties in the classroom was that there were 2 of them and when one had a difficulty the other was sure to follow. This made it difficult in the beginning to implement any plan as the teacher had difficulty with both of them feeding of each other. Even though the school typically separated classrooms by age, they were open to put one of the twins in the 4-year-old class to

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see if the separation could help de-escalate the behavior. This proved to be a successful way to implement the behavior plans for each twin. Their grandmother was open to following the same behavior plan in the home as in the classroom to increase the consistency. Within a few weeks the behaviors had improved with the use of behavior plan to reinforce pottying behavior and following directions. The boys were able to earn stickers to turn in for snacks, prizes, extra computer time etc. Three months later the twins were potty trained and spending part of the day in the same classroom with little difficulty. This example also reiterates that the first plan identified is not always the most effective and it is critical for the consultant, teachers, and families to be able to work together to identify another solution if progress is to be made. Having a good relationship with the staff and family from the beginning encouraged them to hang on and try something different.

The child involved was a 2 ½ year old female of Chinese decent. Her parents spoke Chinese in their home and English in the community. The classroom language was also English. The child appeared to be somewhat withdrawn, exhibited some speech-language concerns, and became aggressive when frustrated. The DECA noted concerns in Initiative, Attachment, and Behavior. When a consultant observed the child within the classroom, it was noted that although she had some speech (4-5 word sentences) her phrases were 'stock' comments. When the child made attempts at more meaningful communication, such as expressing frustration or requesting a toy, she had a great deal of difficulty. She would begin to babble seemingly unintelligible phrases and eventually throw a toy or hit someone.

The child's parents helped the center staff and the consultant to understand that she had been withdrawn when the family would go to new friends' homes, particularly when they spoke English, and that the seemingly 'non-sense' phrases appeared to be English-Chinese hybrids. During the meeting with her parents, it was decided that the consultant would assist the child in learning additional words and phrases to communicate her wants/needs more effectively, provide her with additional support when she appeared to be unsure how to express herself, and teach her coping and self-regulation strategies. The child's mother and father also agreed to come to class at least once per week to talk to the other children about their culture, read books, and/or tell stories. They also helped the children and staff to learn some basic Chinese. At the time of the follow up DECA, her scores were 'typical' in all areas. This is attributed to increased cultural awareness and sensitivity in the classroom, incorporation of her home language and culture in the classroom setting, support in learning functional language, and increased coping strategies.

Child-Focused Consultations often involve children with externalizing problems who are acting out. However, Sarah is an example of a child with internalizing problems who benefited greatly from individual consultation. From the first day of school, Sarah had separation problems. She would not ride the bus and her mother would bring her to Head Start and leave her quietly crying at the breakfast table. While she could tolerate staying at the school without her mother, she had many anxious behaviors, began having toileting accidents, and would often cry. Sarah was fortunate to have two very capable teachers who knew many interventions to help a child adjust to coming to school. However, in Sarah's case, these interventions did little to help her. The ECMH consultant was called in. She met with Sarah's mother who was also having a very challenging time with Sarah's participation in Head Start. Sarah was the youngest child and

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both parents had adult children. The family had experienced a home fire during the summer and was living with other family members. Sarah's teachers and parents scored her in the "Concern" range on all areas of the DECA. The ECMH consultant worked with the parents to teach them strategies for helping Sarah stay connected with them through the school day. She also helped the parents and Sarah talk about the house fire and how the parents were staying safe through the day while Sarah was at school. The ECMH consultant worked with the teachers on developing strategies to build Sarah's relationship with them, and her initiative. By Christmas, Sarah was much more comfortable at school and was beginning to interact with the other children. By the end of the year, she had made clinically significant change on all areas of her DECA profile and was now scoring in the "Typical" range for each scale. Sarah's teachers and parents worked through a transition plan for kindergarten and verbalize that she is more competent in groups than at the beginning of the year.

Program Centered

In one center, the consultant was called in for one child, and discovered the need to provide services to the entire classroom, including the teacher. The small class was out of control, and the teacher was ineffective in managing the classroom. I was able to offer suggestions to the teacher and help her understand the necessity of teaching children to resolve conflicts instead of attempting to solve conflicts for the children. The general atmosphere in the classroom improved, as did the behavior of some of the children. All of the children became more compassionate toward one another.

In addition to classroom observations and individual consultations, the ECMH consultant met with teachers to discuss the observations and gave suggestions and support towards their efforts to assist children in developing better social skills. A follow up was done with parents to give guidance for home routines that would support the children as they transitioned in the classroom.

Over the past few years a center has increased their implementation by changing curriculum to reflect social emotional skills/activity daily geared to build protective factors. This year the center has added videoing of staff and periodic reviews of DECA reflective checklists. Classroom teachers are asked to complete the 5 DECA reflective checklists and are videoed on a regular basis. The teacher reviews their tape with the consultant, on the clock and to get training hours, to see where they are on the reflective checklists. Based upon teacher video, classroom observations, and DECA classroom profile, the consultant provides feedback to the teacher on ways to enhance protective factors in their classroom. The use of video has been a powerful tool for staff to see how they may or may not be doing items on the DECA reflective checklists.

This year the consultant had classroom teachers complete DECA reflective checklists when the classroom was opened as a consult. Teachers then had to identify what areas they would improve upon and specific strategies were discussed with teachers and consultants on how to make that happen. Teachers from were also video taped and asked to review themselves, with the consultant, on their implementation of the checklist activities previously identified. This was an effective way for teachers to see how they may or may not be carrying out the classroom and

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individual strategies they thought they were implementing. Several teachers identified that they sound so “negative or mean”, and had no idea how they sounded. They were also able to recognize the start of classroom behavior declining and identified need to change activities earlier before losing the focus of the whole classroom. Because the consultant has worked with many of the staff for a while they were more comfortable in evaluating themselves with the consultant. Newer sites did not have the video capability to implement but this would be a great area to explore in the future with additional sites.

Typical examples of requests for classroom consultation include loud noise levels, poor class cohesion, and general inconsistency in rule enforcement. One center director contacted the program for help with one of the classrooms. Upon observation, the teacher seemed to have great ideas, but lacked focus in implementing them and appeared overwhelmed by children’s behaviors. The ECMH consultant and the teacher reviewed the Reflective Checklist and developed a simple series of rules and consequences. Over the next few weeks the classroom environment quiets, the teacher is able to follow through with her presentation of ideas to the class, and seems more at ease in establishing her authority. The teacher and consultant then implemented a Dina School for the room for the next several weeks, in which the children respond to with enthusiasm. By the end of the consultation, both the teacher and children have developed positive relationships and mutual respect. The center director reported, “She (the consultant) was terrific at zeroing in on the issues and creating a plan of action. That classroom is so much more peaceful now.”

A classroom consultation began due to the teachers concern for one child. He displayed delayed speech and repetitive movements. He is only attends child care 2 days a week, and the parents are not interested in consultation. The teachers then expressed a desire for a classroom consultation. After conducting several observations, the focus shifted to numerous other children in the classroom setting as well. After several meetings, the teachers expressed a need for support for themselves. Goals included: working with families to create a more home-like atmosphere within their diverse setting by obtaining pictures of the children with their families; adding books about different cultures; asking parents to take part in an “All About Me” week at the school; maintaining a positive outlook and using positive reward systems to focus on what the children are doing right; increasing the number of activity choices for the children to select; providing transitional activities to minimize waiting time. The teachers worked very hard to meet the goals they set for themselves. They planned an ‘All About Me’ week that was to take place the week of 7/20/09. This was to include days when the parents could come in and take part in the activities. They added books about different cultures and conducted a Japanese tea party. They implemented a system of obtaining marbles in a jar for positive behavior, established a special song when transitions are about to occur, and used music, stories, and finger plays during transition times. To date, they have obtained pictures of some of the children with their families with a goal to include all of the children. The teachers expressed increased confidence in their own knowledge, a greater sense of security when talking with families and a realization of the importance of building positive relationships that did not previously exist. They further stated that they feel better equipped to handle misbehaviors in an appropriate way. They recognize that the atmosphere of the room is calmer than before and misbehaviors are less intense than in the past.

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Head Start had a number of staff changes and reassignments which resulting in major changes in established teaching teams at the center. While this caused challenges for all the teachers and classrooms involved, the greatest disruption occurred for two teachers named “Debbie” and “Amber”. Debbie was a teaching veteran who was used to having a very structured teaching environment and had a strongly directive personal style. Amber was a teacher with one-year of experience whose approach to children was very informal, she didn’t want any structure to the teaching environment, and was non-directive in her personal approach. Both teachers had very loud speaking voices and which became louder when they were stressed. The incompatibility in the two styles became evident early in the year. The center manager called in the ECMH consultant due to her concerns about the many behavior problems in the class resulting in numerous incident reports. When the consultant reviewed the DECA results, 13 out of 34 children had been scored in the “Concern” range in all the DECA area by the two teachers. This is much higher than would be attributable to individual child characteristics. Particularly concerning was that these children had scored in the “Concern” range on the Attachment Scale. This seemed like the ideal classroom for implementing DECA’s Universal Strategies and for center-based ECMH consultation. The Consultant observed the classroom and realized that there were no set class routines or procedures. Each teacher was “doing her own thing” and the children were confused about what was expected of them. As the children in the classroom became more disruptive the teachers became louder and louder. Obviously, everyone in the class was stressed by what was going on. The ECMH Consultant met with the two teachers and reviewed the DECA class profiles and Classroom Observations. She met with the teachers to negotiate differences of opinion and to develop a specific intervention plan that addressed mechanisms for the two teachers to compromise on routines and transitions. She also helped them through some team building activities so they could work more effectively together. By Christmas break, the two teachers began to verbally identify strengths in the other which were good additions to their teaching repertoire, the class was going much more smoothly, and the incident reports became almost non-existent. By the end of the year, all the children scoring in the “Red Concern” range and made significant improvements and 50% of the children were scoring in the “Blue Typical” range. The teachers acknowledged that they began enjoying their work together and plan to be a teaching team next year, despite the ability to put in for transfers.

Several of the Head Start classrooms had issues with transitioning the children from one activity to another and issues with the children not following the classroom rules. In these classrooms we discussed with the teachers the importance of classroom rules and use of a daily schedule. This included looking at their daily schedule to find problem areas and make sure that the schedule was well balanced between small motor and gross motor activities. Some rules were posted up too high for the children to see and had limited if any use of pictures on the rules poster. So, we worked with the teachers on putting the rules lower for the children and added pictures for visual cues for the children. These changes were helpful for the children and one child (that had some behavior problems) would go to the daily schedule frequently to see what he would be doing next. The changes in the classroom rules and daily schedule approaches and formats made a significant impact on the classroom daily functioning because they were clearly identified and visible for both children and teachers. The children were less confusion about what was going to happen next, it provided them an independent way of checking on and

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organizing their personal schedules, and it helped the teachers better relate their expectations to their students.

The Center started a new room for toddlers based on community needs. Budgeting considerations led the center to use existing staff to lead the group. Chosen was an experienced teacher who had previously only worked with four and five year olds children and a relatively new teacher who had less than a year's experience. Within a very short period of time behavior problems began to appear in the classroom and the Consultant was asked to observe and advise.

Using the "Reflective Checklist for the Environment" as a tool, the Consultant made two observations on two separate days at differing times of the day: arrival/work time and transition from outdoors to circle to lunch. It was observed that many of the play materials available to the children were too advanced and that few allowed for parallel and interactive play or for emotional expression. In addition, the teachers were not communicating very well regarding expectations for play and for transition.

The Consultant met with the teachers and reviewed the "Checklist", explaining why each of the items was important in promoting protective factors. The differences between what toddlers need vs. older children was a topic of conversations and strengths that each teacher had demonstrated during the observations were highlighted. Specific suggestions for relaxing expectations, using redirection more often than consequences and altering the routine to allow more time for transitions were made. The teachers shared their concerns about child behaviors and the consultant framed responses regarding specific children in terms of the general recommendations that were made. The teachers were asked to identify what each felt they needed from the other in order to work collaboratively. This information was used to develop a plan for improved communication and an outline of the expectations for each was drawn up and posted in the room.

Over the next several months the Consultant followed-up with the teachers and shared ideas for updating the new plan for operation of the room. A second formal "Checklist" observation and report was delivered, highlighting the positive changes in the teachers' collaboration, restructuring of the room and resultant improved functioning of the children. Behavior concerns had dropped to incidental issues common to toddlers in groups and the teachers' confidence and satisfaction level was noticeable raised.

The ECMH specialist working with Head Start (classroom observation and consultation) observed that several children in one classroom were showing increased behavioral problems at the end of the school day. The ECMH specialist suggested a change of schedule so the children did not have to sit for a routine quiet activity at that time. Simply changing the daily schedule made a positive difference for the children and the teaching staff. Communication and collaboration between early childhood agencies in the county have continued to improve in the past year. The Head Start supervisor wrote in her evaluation of our services, the ECMH specialist "has offered the teaching staff a fresh perspective on mental health, and ways teachers can infuse resiliency into each classroom by utilizing DECA information and the DECA Classroom Strategies book".

ECMH TREATMENT

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*Johnny was referred initially by an early intervention specialist for behavioral concerns that were interfering with his home life. A joint visit for assessment was done at home with the mom, the early intervention specialist, and the ECMH consultant. After assessment which included the DECA-C, it was determined treatment was needed. PCIT, sensory training, and Care training was done in the home to help build attachment and manage his behavior. His medical provider was not able to meet his needs. He was referred for a comprehensive behavioral assessment with the psychiatrist and the ECMH consultant. Counseling, parenting education, occupational therapy, and medical services continues at the Center. Johnny and mom's relationship has vastly improved because she recognizes his strengths and understands his individual needs. **Johnny's mother commented recently, as her eyes filled with tears, that she now sees her son not as "broken" but a "wonderful" and "enjoyable" little boy!***

Carly was referred for early childhood mental health treatment services after a significant traumatic event in her life, which resulted in sleep disturbance, repetitive and anxious behaviors, nightmares, and flashbacks. Carly began treatment services in fall 2008. Services included individual play therapy and case management services with her mother. Upon beginning treatment services, Carly fixated on the traumatic event, often re-enacting this event in her play. The Early Childhood therapist focused on building rapport and providing Carly with a safe environment. Each week, Carly provided additional information regarding the event and began to be able to process through feelings of anxiety within the context of play therapy. Based on report from classroom staff and Carly's mother, as well as therapist observation, Carly's symptoms of anxiety have decreased significantly and she is no longer having flashbacks or engaging in repetitive play. Carly's sleep patterns have returned to normal and she is currently in the process of being successfully discharged from treatment services, having met her therapy goals.

Two year old BB was referred for ECMH service and was diagnosed with Fearful/Cautious Hypersensitivity. BB was seen regularly by a therapist in the home for therapeutic play. BB was extremely sensitive to sounds and her attention to them caused her to lose focus on any activity in which she was engaged. Some sounds caused her to become very upset. She had little exposure to other children and did not have age appropriate social skills. She experienced a great deal of stress when outside of the home and screamed during family gatherings and birthday parties. BB engaged in a lot of physical activity and would jump up and down daily for long periods of time until she was soaked with sweat.

ECMH therapy focused on helping BB develop the play skills she needed to interact with her peers. Activities were designed to teach her to share play materials, take turns, wait for her turn without losing her attention to the activity, and to help her screen out some of the auditory stimulation that distracted her. She was also receiving occupational therapy at this time and the therapist conferred with that provider. BB was easily engaged and compliant during sessions and steadily improved in her ability to follow the rules of the play and accept limits on her behavior. With therapy she became less sensitive to extraneous sounds and became better able to refocus her attention after becoming distracted. BB's mother was given techniques to use to help calm BB and prepare her for transitions and routine experiences.

BB's mother decided that child care should transfer from BB's grandparents to a setting where BB could interact with her peers. BB's adjustment to the day care center was very

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difficult and BB became angry, oppositional, and defiant towards her teachers and the children in the class. After discussing special needs child care services with the child's mother, the ECMH therapist referred the family and the center to Special Needs Child Care through Starting Point. The ECMH consultant observed the child's behavior in the child care setting and made suggestions to the teacher regarding techniques to use to address the behavior.

BB was recently discharged from ECMH therapy. Her behavior in the home, at day care and in social settings is now age appropriate according to her mother, occupational therapist, and preschool teachers. The CBCL indicates her behavior is typical.

We have a client who has made tremendous progress since entering treatment. Dad reports that client's behavior at home has changed drastically. He is now able to engage in play with his parents, where as before, he never wanted to play with toys or with his dad. Now this client looks forward to special play time each day at home as well as once per week in the office. It is evident that the bond is growing stronger between the father and son. Dad was hesitant to play with his son, especially at his son's level; however, dad is now interacting and plays with his son comfortably. Dad is working towards and approaching mastering the child directed skills and is able to praise his son often, and demonstrates the ability to reflect his son's feelings, not only in play, but also during real life situations.

A young child was identified by a local pre-school that was facing multiple challenges in both emotional and developmental delays. The mental health recommendations based upon DECA and ASQ-SE scores indicated a need for group intervention to address socialization, boundaries, and emotional articulation. CPST support was also recommended in order to ensure transference of skills development across settings and to support the parent follow-through in the home environment. Insurance coverage was limited for these mental health services and the parents were concerned that participation in any intervention would be far more costly than they could commit to. The ECMH-T grant made it possible for this young child and his family to receive the mental health intervention and related supports necessary resulting in increased resiliency scores and increased social-emotional skills development.

Ezekial was identified as having extreme aggressive behavior that his single mother was having difficulty managing. In fact, she was afraid of him. He struggled in his Early Intervention Services both due to his significant developmental delays as well as his aggression. His mother, a survivor of domestic violence, has been living in fear of being found by her ex, the abuser, as well as of her son becoming a perpetrator himself. At the initial ECMHI Consultation assessment, mom expressed immediate relief that services could be made available to her. In addition, she was amazed that Ezekial could relate appropriately to a stranger. She was pleased that he could accept redirection and that strengths of his were identified even in the midst of all his problems. She readily accepted a referral for ongoing ECMHT services.

A transition was made to treatment services. Building on the strengths that had been identified through consultation, developed a treatment plan and relationship with mother that shifted the focus from deficits to possibilities. Interactive engagement activities were taught to mom via modeling and coaching that lengthened the amount of positive interactions between parent and toddler. Mother has begun to be less afraid of Ezekial and is able to report periods of compliance and even "fun" that she has experienced with him. She has disclosed the level of

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exposure that Ezekial had to the DV and play therapy with Ezekial has been introduced to help him process and master his own traumatic experiences. Very real concerns about the return of the perpetrator have been addressed through support for mom to take actions designed to protect herself and her family. While family stress remains high, Ezekial's behavior has begun to stabilize, leading to improved relationships in his home and better performance in his Early Intervention activities.

Harriet was referred by Head Start due to extreme aggression. Harriet has made good progress managing her aggression and impulse control. She continues to be non-compliant with requests made by her grandmother (primary caregiver), but her aggression is less frequent and less intense. At the beginning of services, Harriet was at risk of being removed from her grandmother by Children's Protective Services. However, Harriet's grandmother has worked hard in treatment and successfully maintained Harriet in her home. Grandmother has been giving her more consequences for her misbehavior, but she needs to continue to work on being consistent. Harriet and her grandmother have participated in PCIT, which has helped them increase their bond and Harriet enjoys the positive interactions with her grandmother. The time-outs in the PDI portion of PCIT have been a struggle because Harriet will become aggressive when she is put in the chair. Harriet has increased compliance most of the year in her Head Start program. They are able to manage her behaviors and she has learned several coping skills. Services are continuing with Harriet.

When the "Jones" family was referred to the ECMH program, mom and dad had just recently regained custody of their daughter, "T", nearly 24 months old, continuing under protective supervision of PCSA. Dad and mom had been living together since August 2007, and their second daughter had just been born the summer before enrollment in September 2008. When T was born, mom had received very little prenatal care. Mom was homeless and depressed, dad was incarcerated, so T was placed in a foster home in county. She was neglected in this placement, and sent to live with a family member in Alabama. In May 2008, T was placed in another foster home in county, and custody returned to mom and dad in August 2008. Prior to regaining custody, they participated in a required parenting class and an anger management class.

In beginning the program at ECMH, mom was understandably concerned about her parenting with her daughter and our initial attempts to assist her were met with mom calling our client's rights officer regarding her displeasure with anyone telling her how to raise her daughter. We have been able to work through mom's initial reactions, and have developed a therapeutic relationship in which mom has been able to practice and use positive parenting practices that are individually designed to meet her daughter's needs, despite the report that mom has Down's syndrome. The support of the other parents in this center/community/home based program has proved important in the family's growth and stability.

At the time of referral, the PCSA worker was concerned about T's limited social skills (for her age), her aggressive behavior, and the high frequency and intensity of her uncooperative behavior, and the behaviors this might then elicit in mom. Further, the worker was quite concerned that although mom had completed the parenting classes, mom's ability to apply these to T seemed limited, at best. Through consistent attendance (transportation was provided by program staff) at the center (including parent/child sessions), in the community, and in home

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visits, both T and her mom have made significant progress over 10 months of enrollment. T's frequency and intensity of aggressive and uncooperative behaviors have diminished significantly in all settings, and mom is able to implement the recommended strategies with her daughter. A recent assessment shows T is functioning in all domains within normal limits, and staff observe mom's parenting to be responsive to her daughter's needs.

Today, the family is expecting T to be successful in regular preschool and in her school career, as are the staff who work with the family. Mom is very happy with the progress both her daughter and she have made, and is optimistic about the future. She feels secure knowing how to access services should unanticipated problems occur. The ECMH program was able to provide training and stability in a very fragile time in this family's life.

Our ECMH-T clinician began working with Todd and his Mother in February of this year. Todd's mother described Todd as a "difficult kid to manage" during the assessment session. Todd, at the beginning of treatment, presented as very oppositional and argumentative. Mom reported that Todd would argue with her consistently throughout the day over simple, daily tasks. Todd was also being given frequent, negative consequences while at school. Similarly his teachers would provide mom with feedback that the client would "not listen to simple directions" and would become destructive when he was given a consequence. After learning about what Parent-Child-Interaction Therapy was mom stated that she felt it would be helpful in building her relationship with her son as well as assisting her in becoming a more consistent and predictable parent.

During the first phase of treatment it was astounding to see how quickly and positively Todd and mom responded to treatment. After a couple of sessions there was a marked increase in physical affection and laughter. By the third session mom was using the skills of Parent Child Interaction Therapy with little prompting/coaching. It was apparent that Todd was responding extremely positively to his mother's praise and other child-directed interventions. By session four Mom reported that Todd was having "fewer problems" while in school and that his teachers had stated that they noticed a "positive change" in his behaviors. Mom also reported that Todd was becoming much more enjoyable and pleasant to be around.

The second phase of treatment in which mom practiced giving effective commands and implementing time-out procedure was difficult for mom. She admitted that in most cases she gives in to Todd's whining behaviors. His therapist noticed that mom had a very difficult time ignoring his whining and other attention-seeking behaviors. By the third session mom came in and stated that Todd was whining less and following directions more frequently. Mom was especially excited as she told the therapist about how she had implemented time-out during a tee-ball practice. More recently mom stated that a father approached her and told her that he saw how she handled Todd's tantrum while waiting for ice cream and commented on what a great job she did.

Mom reported during the last session that she feels a lot closer to Todd and that he listens much more frequently. Mom has met mastery of all of PCIT skills and is proof of how effective PCIT can be with the children and families we work with.

One of the lower functioning children served by the TT Playgroup grant was a 3 year old child with a profound speech delay, significant sensory integration issues, multiple breaks in caregiving during the first two years of life, a witness of domestic violence, and a father who

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exhibits significant anxiety symptoms. When he began in our program in the fall of 2008, he used two words. He was extremely disruptive, aggressive, and non-compliant. Following three months of individual work to teach him some basic self-regulation skills specific to his unique sensory system, a second child was identified to 'pair' with him for a small, dyadic group. This child was 4 years old and somewhat higher functioning, however, he exhibited extreme aggression and difficulty with self-management. When these two children met together, the older child demonstrated some of his greatest self-management overall coping we had ever seen. He modeled practicing coping strategies and identifying and 'communicating' feelings for the younger child. The younger child responded to having this 'buddy' model these skills and began to utilize them as well. Both children continued to experience some difficulties within the classroom setting; however, the frequency, duration, and intensity of their behavior have greatly decreased. The children have developed a friendship and look for each other. The speech-language skills of the younger child have grown to include the name of his group facilitator, teachers, his friends, feelings, and needs/wants.

DESCRIPTIONS OF INCREDIBLE YEARS SUCCESS STORIES

Parent Program:

In the summer of 2008 a young mother of 2 children, one 6 years old and one 4 years old, attended the program. Her oldest son had been in counseling and was receiving case management services due to behavioral difficulties at school. This mother reported that she was looking for new ways to parent her children, though she expressed doubt that her children's behavior would change if she merely changed her parenting approach. At the beginning of the group she presented as knowing a lot of the parenting information. However, when observing her with her children, at the end of each group when parents had time to interact with their children to start their homework with facilitators' feedback and support, she had difficulty getting her children to engage with her. They would walk away from her; throw toys, whine or cry. This resulted in her and her children being frustrated and at times leaving the group early. Facilitators would try to model ways to play with her children by reflecting back to them and giving praise as well as reminding her of the principles discussed in-group that day. Neither the modeling, nor specific instruction seemed to have an impact. Well that was about to change. One day we were watching the vignettes of play. In particular the vignette where the mother was telling their child where to put the puzzle pieces and eventually took over putting the whole puzzle together herself. Our mother was able to connect her own behavior to the mother on the vignette. During the vignette she exclaimed, "That is me!" When processing the vignette she shared that she was that mother and could verbalize what she was doing wrong as well as how to change it. The other parents in the group were very supportive of her epiphany and often provided positive feedback on it during the playtime and her reports of how her homework went. Her children responded well to their mother's change in her play approach. They became excited to see her enter the playroom and would quickly get out a toy to play with her. Eventually it became difficult to end the playtime, as they wanted to keep playing. Finally playtime was as enjoyable for the parent as for the child.

It was amazing to see how this mother's realization carried over to playtime at the end of group as well as learning and applying new skills for the remainder of the group. From that time on she was invested in the group and willing to try new things. She was the first to volunteer for role-plays and requested feedback on how she could do things differently. With

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support and encouragement from group members, facilitators and her child's case manager, who was also a facilitator, she mastered play skills and was motivated to apply all the principles of the group to daily living. Though parenting skills had been identified on her treatment plan prior to this group, she still did not recognize how her behavior impacted her children. This group provided her another more effective way to look at herself. Each person and each parent learns differently. It is not the professionals or facilitators who can determine how a person will benefit from an experience but the person themselves can based upon certain factors such as a positive environment, willingness to change and a variety of teaching models. At the end of the group, this mother reported that she was looking forward to time with her children and had more confidence in other areas of parenting as well. Her child's case manager continued to work with the family and reported that 7 months later she was still following many of the principles from the group. He also stated that with her awareness of her tendency to control her children, she was able to identify more age appropriate expectations and rules. Her son, who previously struggled to maintain behavior in the classroom, is doing well this year in school.

Here is a success story from our Hispanic/Latino program. This program held an IY Spanish speaking group facilitated by two IY trained clinicians.

"The IY group was definitely a success. I always think that if we help and notice a change in at least one parent, than we have been successful at what we do. In this case, we had a mother of 2 girls. She had a hard time setting boundaries and limits with her children. The two girls were somewhat defiant, but nothing unmanageable. As soon as mom began making little changes in her parenting, such as praising, she immediately noticed a difference in her daughters' behavior towards each other and herself. This mom was amazing. She became our model student. She would come to group smiling and excited to share her stories. She would often praise the other parents for their work and would encourage them to not give up because she herself had witnessed and experience the success of the programs teaching. The mom became a mentor for some of the other students and we (as facilitators) became very proud of her successes."

Here are two success stories from our Deaf Services program. This program held an IY Parent Group done in American Sign Language facilitated by trained clinicians.

The first story is from a mom with two children, one who is profoundly Deaf and one who is hearing. She lives with her mother who assists in raising her children. Both her and her mom attended all 12 weeks of the IY Parent Group. Mom stated "I enjoy playing and spending time with my children, I just didn't realize how important it is for their growth and development." She shared that they learned that when they give commands they should limit them to one or two at a time and then praise them for what they complete. "I am positive and specific when giving a command. I am working on establishing household rules and chores." She stated that she learned about how to use tangible rewards for positive behavior. "I like giving hugs and kisses or a pat on the back along with telling them what a good job they are doing. I'm going to have a chart with stickers to work on behaviors that need encouraged and praised." Mom shared that the group learned about logical consequences and tools to manage inappropriate behaviors. "I try to inform the children ahead of time what the consequences will be for their behaviors to help avoid a potential problem. I use time outs when the children are hurting someone." Finally Mom shared that they learned a lot about developing a child's self-esteem. "I let my children know I

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am proud of them and that they are doing a good job.” Mom stated, “These classes have made me realize that I was doing some things right and that there are other areas that I am now aware of that need some work.

The second story is from a Deaf couple who, prior to the group, felt alone and struggled with just a limited amount of support. During the group sessions they found that they were struggling with the same issues as the hearing parents with Deaf children. They all needed support and feedback. They learned a lot from sharing. They listened to what worked for others. Every week they met they felt supported. They were able to take what they learned the week before and apply it to their family life. Since the parenting group is over they have been keeping in touch with a few other parents for support. As a result, their own family structure has improved. They see the improvement in their family and remember different things they learned from the group. They have many suggestions from the group to try. The thing that really impressed them from the group was the fact that confidentiality was big. Both the leaders and the participants kept what was shared in the group confidential. This is very important as the deaf community is a small community. The family would love to see this program continue. They suggested setting up a monthly support group to help each other remember what was learned in the IY Parent group.

A mom and her partner were referred to the Incredible Years classes by their child’s therapist. At the initial class, each acknowledged that there was great disagreement in how to parent the five-year old. As the classes progressed, they moved from being adversarial to conversational in their interactions in the class. Comments on their weekly evaluations expressed the effect of the class on their parenting styles: “Helped open my eyes to new ways of thinking”; “I find it helpful to talk to parents in the same situations”; “The lesson was a little helpful—most of what we went over is what we do. But there is still (more) to improve on”; “I realized new things about myself”; “I find hearing how others parent is very helpful”. By the final session, both were expressing praise for each other as they noted that extended family members were noticing a positive change in their relationship and in the interactions with their son. These parents were also noticing the change in their son’s behavior as they became more supportive of each other in their childrearing practices. In the final class evaluation, their comment was: “This class has helped (us) get on the same page with parenting. Thank you!!”

A parent reported towards the end of the program that he had not fully disclosed why he had decided to attend the parent program in the first place. He reported that his 3 year old son was in a preschool setting and the teacher had asked for a conference to discuss the problems she was having with the child. He then reported that they had just had another conference with the teacher and that the teacher said in all her years of being a teacher she had never seen such a drastic improvement in a child’s behavior as she had seen in him over the past few months. The parent reported that he feels the skills he was learning in the program was what had made the difference. He reported that he was amazed at the program and so thankful for having the opportunity to take the class. He reported that the skills, such as coaching, were things that he never knew about and that it was drastically improving how he parents his 2 and 3 year old boys. He stated that he always went home and reviewed the materials with his wife who wasn’t able to attend due to her work schedule. He stated that even she had noticed the increased patience he now has with the boys and how their life had improved, i.e.) the children’s improved bedtime routine and follow through with commands.

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The Amish family we reported on last year did complete the parent and small group DINA program and sent a thank you note stating: “thanks so much for being such a understanding teacher. We can now sit at the table in peace as a family, and be with our friends. Our lives have been turned around.”

Dinosaur School classroom program:

Patrick, a preschooler, was new to the classroom and was non-verbal. When teachers or other adults asked him questions, he did not respond. It was only when Wally and Molly asked him a question that the teachers discovered Patrick’s ability to speak. He readily responded to the puppets’ questions.

Skyler was an impulsive, emotional five year old with a history of having difficulty with self control. His preschool class was reviewing the previous lesson in which Tiny Turtle shared his secrets of staying calm. One of Skyler’s peers was bothering him during the review time, so Skyler moved away from him, sitting under a table adjacent to the group area. The classroom teachers immediately told him to rejoin the group and to get out from under the table. Skyler told them that he needed to be by himself to calm down, so they let him remain under the table as the lesson progressed. After a short time, Skyler rejoined the group and was able to participate positively in the session.

During a recent session of Dinosaur School, “Jake” presented as a very quiet and reserved child. When playing with other children he would allow toys or materials he had in his possession to be taken away without protest. He would follow the ideas of the other children at times when it appeared, based on his body language, that he did not want to. After a few weeks of Dina talking about how to be friendly and share feelings and ideas with others, staff started to see a change in Jake. He began to politely tell other children that he had the toy first or he wasn’t finished instead of just letting them take it. Jake also started to express his ideas to others. After a few more weeks of practice during play time and some coaching by Dina and the teachers, he was also able to express his feelings verbally to peers and adults about any given situation. Jake became more confident in himself and his ability to share his thoughts and feelings and he did so nicely, calmly, and effectively. A few months after Dinosaur School was finished, Jake was observed in a playgroup setting with peers and was still implementing the ideas that he learned from Dina. He is now a more confident child who is willing to share his feelings and ideas.

The IY Dina curriculum has a unit on problem solving skills. In one classroom, the teacher identified this area as a need, and the teacher and Dina group leaders worked together to foster improvement in children’s problem solving abilities. The children had been yelling and sometimes hitting or pushing when a disagreement or problem arose. The Dina group leader used the idea of a solutions light bulb poster for this classroom. (The solutions cue cards in Dina School are drawn within a light bulb). During Dina School lessons, and at other times during the day, the Dina group leader asked the children to act out different problem scenarios, and practice various solutions, always thinking about multiple solutions for any problem. The Dina group leader and teacher worked together, so that when the children used a solution in the

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classroom, they were able to place a sticker on the appropriate visual cue for that solution, on the light bulb poster. Within one week of using the light bulb poster in the classroom to track all of the solutions the children were using, children started to walk over to the light bulb poster and consult it when they had a problem. They would point to the picture cue and say which solution it represented, and select one they wanted to use. The teacher was very happy with how successfully this practice was working, and reported that the children were clearly learning strategies for problem solving. Hitting and arguing were reduced, and the children were displaying more initiative. The EC Program Director commented on this intervention when completing the Evaluation of ECMHC. She wrote, "Lindsey has such a calming personality. She's very approachable. She interacts well with the children and staff. They really like her – the teachers find the problem solutions very helpful. If Lindsey is aware of the theme of the week she'll adjust her activities around that theme."

At one IY Dina Classroom site, one student that had just started at the center was having severe separation anxiety. She was making herself throw up daily since being enrolled, so that her mother would be called to pick her back up. The teacher shared this information with the IY staff and had asked for help in tackling the problem. That same week the IY Staff presented a lesson/story on the topic of frustration. The story character, Dina, described a situation that paralleled the little girl's coping skills. The IY staff asked the children in the classroom to help in offering suggestions to Dina of ways to calm down. Collectively, the class was able to recall all of the skills taught. Amazingly, after that group session there were no more incidents of throwing up and the girl was instead using more positive coping skills. This intervention allowed this young girl to remain in care at the center without disrupting the mothers work schedule.

An experienced teacher, who was very frustrated with her classroom this year, was impressed with the program, especially the focus on children's social/emotional development. She liked how easy it was to follow up with lessons and the strategies the program gave her to use in the classroom (like the "turtle technique"). She was so impressed with the program that she requested it again for her classroom in the Fall 2009.

There was a boy who was very quick to get angry and aggressive in the preschool classroom. After Tiny Turtle and Dina taught the "Turtle Technique" and calming strategies, this child was able to apply what he learned a few days later. The boy became upset during center time, and the director witnessed him "going into his shell" to calm down. At the next Dina session, he was able to share what had happened and how he got into his "shell". He smiled as Dina praised him!

Dina Small Group Therapy

Two little boys come to mind when thinking about a success story. The first little boy has been diagnosed with Asperger's and displayed severe acting out behaviors. He was often aggressive, lashing out at others. His parents were frustrated and could not send him to preschool because of his behavior. He was also not "potty trained" although he was 4 years old. He just wasn't interested. After attending Dina Small group for a couple of weeks, the little boy came in and declared he wanted to add "using the potty" to his behavior chart and earn stickers for this. He

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was encouraged to do this and mom reported a significant improvement in this area in a relatively short period of time.

Seeing him in individual counseling as well, this same little boy came into one of his sessions and when faced with trying to come up with a solution to a problem he was having, he paused for a minute, put on his “detective cap” and “had to think about this.” After several minutes he was able to come up with a solution and was extremely excited over being so successful. His mother has since reported a major decrease in the aggressive behaviors and he is now able to attend pre-school with very little interruptions.

The second little boy was just the opposite. He was very quiet and withdrawn, never speaking to anyone. At times he appeared overly enmeshed with his mother. He often had to be strongly encouraged to stay in the small group room so his mother could attend the parent program. He attended Head Start as well, but his teacher also reported very little interactions with other children. Through Dina Small Group, this little boy began to relate to “Wally”(a puppet), often offering to let “him sit beside me”. He would respond to “Wally’s” questions until he was finally comfortable enough to talk to other children and staff in the room. At the same time, his mother was learning new techniques in the Basic Parent Group that she was able to implement at home. She reported a significant improvement in his behavior in several different areas. His DECA also reflected gains in the protective factors as he moved from areas of concern to typical in almost all areas. At last report, this little boy is now ready for kindergarten and is anxious to go “back to school” where he can make new friends and learn new things.

We also had a special needs child in the small group DINA. This parent also sent us a thank you letter stating: “since starting Dinosaur School, my child has achieved a new level of sense of confidence. Because of his Autism, he has a difficult time fitting into any social setting without causing harm to someone else or undesired attention to himself.Since Dinosaur School he has developed a new ability to regulate his emotions that I never dreamed possible after only twelve weeks with a puppet. Dina was able to reach him in a way that no one else has been able to. His performance at preschool has improved also. Dinosaur School allowed my child to learn coping skills that are making a significant impact on his life.”

MATERNAL DEPRESSION

Descriptions of success stories highlighting the identification of a concern related to the use of the maternal depression screening with a specific mom in the community.

One mother in particular received screening and then counseling services for maternal depression. After a few weeks she felt better and counseling was discontinued. Later she made the comment to the agency director that “I don’t know if I would be here now if it weren’t for your program”. She later confessed to having suicidal thoughts prior to screening and counseling. At least one mother and child, and most likely more, are safe now because of this program.

A mother was screened by a Help Me Grow nurse during a routine visit, and the mother indicated that since the birth she was experiencing severe symptoms of anxiety and was fearful of

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being alone with her child. She was able to be seen the following week by a counselor at the mental health center. At the initial consultation, the mother reported to the counselor that she was having suicidal thoughts and also intrusive thoughts and visions of harming her child. She was admitted to the hospital psychiatric unit that day and was seen by a psychiatrist who prescribed antidepressant and anti-anxiety medications and encouraged her to continue in ongoing counseling. After two weeks of medication and her second counseling session, the client reported having a significant decrease in symptoms of anxiety and had not experienced any further intrusive thoughts since starting the medications. She was able to report that she was now bonding with her child and not experiencing nearly the level of anxiety that she felt prior to these interventions.

Mom is a 26 year old with a 10 year history of depression prior to the birth of her 3 children. All 3 children have special needs and range from infant to 3 year old. After identification by HMG, the mother wasn't willing to participate in therapy but did accept the offer of a home visit by a therapist. The mental health therapist made home visits and phone calls over a period of several months to build a relationship. She transitioned to formal counseling in the office that is continuing.

The Edinburg Maternal depression screen was entered on 9-18-08 for a 20 year old mother with a 5 week old daughter. She scored positive on the screen with a score of 13. The Mental Health Provider received the positive screen and contacted the Service Coordinator to talk with mom. The HMG Service coordinator spoke with this mom about a counselor coming to her home to talk about her screen and possibly receiving counseling services. Mom agreed and the Mental Health provider and HMG Service Coordinator went out to the home on 9-24-09 to meet mom.

Initially mom expressed many worries about being able to protect her daughter. Mom identified that with her abuse history she was more fearful of bad things happening to her daughter and spent a lot of time worrying. On her screen she identified that she had not been coping as well as she had been previously, was sometimes anxious and worried for no reason and felt scared or panicky for no reason. Mom was aware that her past abuse was impacting her new role of being a mom. She had completed an intake to receive counseling services for her depression but had not followed through with the services. She identified at the first visit that it has been difficult for her to follow through with mental health services because she did not see herself as "crazy" and was not sure what counseling would be like. The Mental Health Provider processed her feelings, fears, and educated her more about the counseling process. Mom agreed to have the Mental Health Provider come back to the home after she had some time to think about the discussion. On the second visit in the home mom was more open to outpatient counseling services and with the Service Coordinator, identified solutions to barriers such as childcare and transportation. The type of counselor the mom thought she would like to work with was also discussed.

For the third and final in home visit with the Mental Health Provider, the necessary paperwork was completed for mom to receive outpatient counseling services. Therefore when the mom went to her first counseling appointment little paperwork would have to be done. The Mental Health Provider was also able to give the name of the counselor she was being referred to and the approach of the counselor. Mom agreed to schedule and attend her counseling appointments. The mom also knew that her HMG Service Coordinator and Mental Health

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Provider would be following up to ensure she attended her appointments. As of the date of this report, mom is receiving outpatient counseling services and has done so since October of 2008. When mom was asked how the in home visits with the Mental Health Provider helped her, she responded that by learning more about the counseling process in a comfortable environment and knowing more about her counselor before attending eased her concerns. She identified that talking with the provider in her home helped her with her "...commitment to therapy to hit issues head on". Her HMG Service Coordinator reports that since receiving treatment, mom is more open to talk with her and is cordial during visits. Her house is tidier and she is doing more homemaking activities such as decorating and planting flowers. Her Service Coordinator identifies that there is an overall pleasant feel in the home.

One second-time mom who was referred with a score of 14 on the EPDS reported concerns with depressive symptoms including high level levels of irritability. She was able to candidly share with the newborn visit nurse that she had been on an antidepressant before but while nursing her first child, noticed he had side effects related to the medication. She had determined that she did not want to take medication, if possible, while nursing her second child, and was very agreeable to mental health counseling. In counseling, this mom shared that she found herself being very angry for no reason, and feeling guilty for taking her anger out on her older child through yelling at him. She reported a very low level of support from baby's father, and through counseling has been able to identify her anger as stemming from her frustration with baby's father. This mom additionally has utilized Cognitive Behavioral Therapy to identify helpful (versus unhelpful) thoughts to create emotional and behavioral change. She also began to reach out to her other supports for help and schedule time to take breaks when she needs them. She has increased her use of coping skills and feels less overwhelmed despite a very busy schedule with motherhood, work, and college courses. Additionally, she has gained confidence in her parenting skills, and has decreased her yelling behaviors. This mom has become empowered to make choices about what is best for her children as well as herself, and has decided she does not want to remain in an emotionally neglectful relationship.

A referral for a Newborn Home Visit was received by Nurse this year. Thirty-one years old, first time mother had just come home from the hospital with her premature child. Mother had had severe complications during pregnancy including gestational diabetics and preeclampsia. While discussing baby care and maternal/infant assessments, the NBHV RN noticed mother's eyes welled up with tears again and again. She appeared overwhelmed and after completing the Edinburgh's screening, she had a score of 15 points. The RN explained Help for Moms program and mother agreed to be referred right away. Mother started to receive mental health counseling services and home visits by service coordinator and other providers that could also monitor her child's development. Service Coordinator reported, "After a few home visits, mother is more capable to handle her child's medical needs. Mother no longer cries at every visit like she had in the beginning. She seems more confident in her maternal role".

This 24 year old, new mother came in for counseling, concerned about yelling at her 2 month old baby, shaking the baby, and in general, being too physical with the baby. This mother learned and practiced new coping skills in the course of her sessions, and with the addition of an antidepressant medication, she has been able to feel more "like herself". She has begun to use

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exercise, housework, or practiced relaxation at times of peak stress and frustration. She has refocused her emotions and now holds and caresses her baby in comfortable, gentle ways. No further incidents of anger have been noted. This new mom is able to deal with her emotions in healthier ways than by striking out, and is working through her confusion and anxieties surrounding parenting toward a realistic sense of self as first-time mother. Baby and mother have bonded and are now both sleeping through the night.

One mother identified recently gave birth to a child with a fairly significant health issue. Additionally, the mother had lost her job, was unwed, and forced to return home to her mother's house. This caused some added stress as the change in living resulted in renewed conflict involving some past issues between the new mother and her own mother. The parent/child stress, along with the baby's illness complicated the post partum depression and anxiety. This client also had some additional limitations. Counseling was helpful in clarifying emotions, identifying triggers as well as ways to improve coping mechanisms. Family counseling was useful in establishing boundaries, parameters around the baby's care, and in resolving old areas of conflict that were exacerbated by the return home. Communication had improved however there remained an ongoing need for care. The new mom was successfully transitioned to an adult provider for ongoing counseling and family work.

A mother was screened by a Help Me Grow nurse during a routine visit, and the mother indicated that since the birth she was experiencing severe symptoms of anxiety and was fearful of being alone with her child. She was able to be seen the following week by a counselor at Six County. At the initial consultation, the mother reported to the counselor that she was having suicidal thoughts and also intrusive thoughts and visions of harming her child. She was admitted to the hospital psychiatric unit that day and was seen by a psychiatrist who prescribed antidepressant and anti-anxiety medications and encouraged her to continue in ongoing counseling. After two weeks of medication and her second counseling session, the client reported having a significant decrease in symptoms of anxiety and had not experienced any further intrusive thoughts since starting the medications. She was able to report that she was now bonding with her child and not experiencing nearly the level of anxiety that she felt prior to these interventions.