

Sometimes a “Feelings” Doctor is in Order!



Building Social-Emotional Resiliency
in Early Childhood
in the Pediatric Office and Beyond

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Social- Emotional Resiliency in Young Children



Happiness In Action

Social-Emotional Resiliency

- Resilience as defined by the APA: “the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress” (APA, 2011).
- Inner Well-Being/Self-Worth that allows one to take care of her/himself in the face of life’s ups and downs, and get the most meaning and pleasure from life possible.



Social-Emotional Resiliency

- Capacity for:
 - Understanding emotions
 - Expressing emotions constructively
 - Turning to constructive coping
 - Bouncing back after losses
 - Confidence
 - Optimism/Hopefulness
 - Humor
 - Self-regulation
 - Connection to others
 - Seeking help and support



How Do We Get There?

Helpful Tips for Parents



Protective Factors

- Secure, Nurturing Attachment
- Effective Parenting
- Parental Resilience
- Social Connections
- Concrete Supports/Resources for Parents
- Intelligence and Good Schools
- Safe Neighborhoods
- Relationships with Caring Adults



“We are hardwired for relationship.”

Allan Schore, Ph.D., UCLA School of Medicine

Caring Relationships

- **Attachment Research: Greatest protective factor is a loving relationship with parent where child feels secure and loved**
 - Responsive and emotionally involved; affectionate
 - Attuned and sensitive to feelings
 - Acknowledge feelings and allow for expression (all kinds—not just positive)
 - Model kindness and empathy
 - Being positive
 - Comfort children when upset
 - Offer choices to give a sense of competence and control
 - Encourage expression of independence
 - Regulate behavior positively
 - Reduce TV time and isolation
 - Model healthy responses to stress (calm, patient, flexible)

Children are not bottomless pits even though it can feel that way!

- First 3 years of life:



- Focused positive attention and affection go a long way
- Children will get filled up (care is internalized)
- Investment in self-worth (Pennies in the bank)

Understanding Children's Behavior



- Most behaviors parents worry about are normal
- We often expect children to be little adults
- Common to get angry at children for being children
- Children's behaviors have meaning....

Terrible Twos?

How About Terrific Twos!

- Child's desire to be in charge of self:
 - Can be challenging and needs to be regulated yet source of:
 - Determination
 - Persistence in the face of frustration or failure
 - Self-confidence for accomplishing
 - Assertiveness
- Source for self-expression



How We View Behavior Makes a BIG Difference in Our Responses



Difficult behavior is mostly a sign of one of two things:

1. Developmental immaturity:
 - Cognitive/social limitations
 - Young children's well-being depends on getting what they want
 - How they feel important/in control/cherished
 - When this is interfered with, they can easily get upset!
 - Normal and temporary
- Children have feelings just like us
- Having intense negative feelings is not a weakness

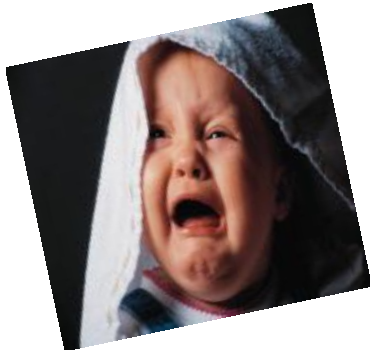
How We View Behavior Makes a BIG Difference in Our Responses

Or a sign of:



2. Being Unhappy or Stressed and Struggling
 - Sign child is hurting
 - Not a sign they are bad or trying to manipulate/undermine parent/adult

Thought Experiment: *2.5 year old Mary is having a meltdown at the grocery store*



What will happen if the parent thinks this?

- “This is embarrassing. I know everyone thinks I am a bad parent!”
- “Mary knows better to not act like this--she is being spoiled.”
- “Mary is not listening to me. I need to show her who is in charge.”

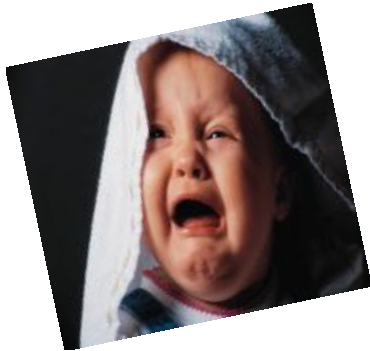


Thought Experiment:
*2.5 year old Mary is having a meltdown at
the grocery store*

Parent will likely REACT

- Parent likely to respond angrily and with power assertion
- Blames child/self
- Modeling reactive/angry/stressed responses
- Both parent and child will likely feel worse

Thought Experiment: *2.5 year old Mary is having a meltdown at the grocery store*



What will happen if the parent thinks this?

- “This is stressful. But I think we are both doing the best we can.”
- “Mary is stressed because I have been on edge lately after I lost my job.”
- “Mary hasn’t been sleeping well so I think she is extra sensitive.”
- “Mary gets upset when she can’t have what she wants and this store makes it very challenging with all these fun things at checkout.”



Thought Experiment:
*2.5 year old Mary is having a meltdown at
the grocery store*

Parent is more likely to REFLECT

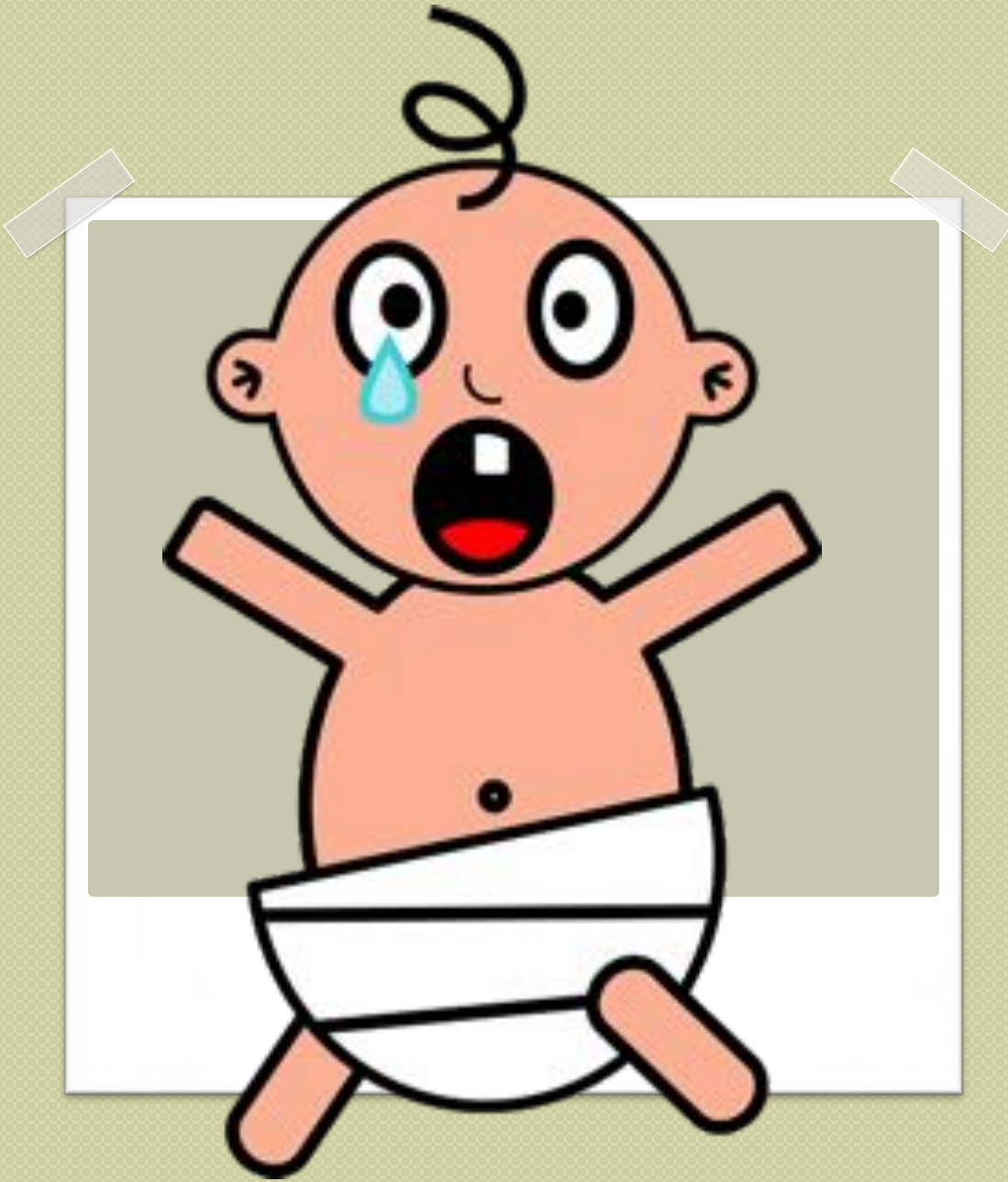
- Parent likely to respond calmly and accurately
- No need to blame/judge
- Models calm/patient/flexible responses
- Both parent and child will feel better
- Child learns problem-solving/thinking/coping skills

Children Copy Us

- How we treat them will teach them how to treat themselves and others



- Model patience and compassion



Identifying Red Flags in the Pediatric Office

Utilize Developmental Screening Tools

- Early detection = prevention and early intervention
- Becomes part of the normal doctor-parent conversation/Reduces stigma
- Ages and Stages Questionnaire, Volume 3 (ASQ-3) and Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)



Environmental Factors to Consider

- Children are exposed to traumas of various degrees everyday
- Big: poverty; violence; abuse; neglect; parental mental illness; single parenthood; divorce; chronic illness; and death of a parent/sibling
- Less big but as important: yelling; not enough attention; too scheduled; not enough down time; too high of expectations; and needing to be managed often

Depression in Young Children

- Infancy & Toddlerhood:
 - Observed lethargy
 - Feeding and sleeping problems
 - Irritability
 - Sad or expressionless faces
 - Decreased affective responsiveness
 - Increased frowning and crying
 - Nonorganic failure to thrive
- Important to assess for depressed mothers/primary caregivers

- **Preschool Years (2-5):**

- Anger & temper tantrums
- Irritability
- Sad facial expression
- Labile mood
- Somatic complaint
- Feeding and sleep problems
- Lethargy
- Excessive crying
- Hyperactivity
- Decreased socialization
- Separation anxiety



Emotional Meltdowns and Temper Tantrums

- Frequent temper tantrums are a sign of a stressed and potentially depressed child
- “Masked” depression: tends to be acted out behaviorally
- Child is trying to express how badly they feel—an act of desperation

Behavioral Problems

- Behavior dysregulation
- Trouble listening
- Aggressive behavior at home or preschool

- Assess for parents who may be:
 - Stressed out/overwhelmed
 - Expecting too much/too punitive-negative
 - Depressed/angry
 - Domestic violence/abusive behavior

Behavioral Problems

- Important to intervene early
 - Oppositional behaviors left untreated are more likely to turn into conduct disorder
- These children end up getting a lot of negative attention
 - Vulnerable to develop needs to provoke and seek negative attention.
 - End up feeling very badly about themselves
 - Self-fulfilling prophesy : “I’m the bad kid”



Anxiety in Young Children

- Understanding normal developmental fears in childhood:
 - Most children have an average of about 4-5 fears from ages 2 to 6, then declines
- Anxiety believed to be the most prevalent disorder in child and adolescence, yet fewer than 20% receive services
- Early onset and runs a chronic course
- May worsen over time and lead to depression

Separation Anxiety Disorder

- Normal separation anxiety begins and peaks at 12-18 months of age
- Normal to have some anxiety around separation ages 2-4 but generally can separate and feel secure
- However, if intense at any age, a cause for concern
- Assess for maternal anxiety; trauma; reaction to grief/loss
- Mean age onset of SAD is 7.5 years old



Separation Anxiety Disorder

- Younger children have fear of harm befalling parent, nightmares, school refusal, fears of getting lost
- Likely to show apathy, sadness, social withdrawal, and difficulty concentrating
- Risk for school refusal/avoidance if left untreated

Self-Injurious Behaviors

- Important to not minimize these behaviors or tell parents that children will outgrow them
- If a child feels that hurting themselves in some way is soothing it is indicative of a larger problem
- Encourage parents to look at removing stress and pressure; offer healthier self-soothing options including the parent comforting the child

ADHD

- Blurry line between what is normal and not
 - Attention and self-regulation are often first to go when children are unhappy/stressed
- Very complex picture in under 5 years old
 - Child must be more active than your average 3-5 year old
 - Can diagnose but must be very thoroughly evaluated
 - Criteria include before age 12 (not 7) (DSM5)

Autism Spectrum Disorder

- Complex picture in that many children can show symptoms on the spectrum but it can be due to another disorder such as anxiety or depression
- Cultural Problem: Increase in isolative behaviors in part due to too much time on electronics and less social involvement
- Should not be diagnosed by observation or history taking alone
 - Gold standard: ADOS (Autism Diagnostic Observation Schedule)

Autism Spectrum Disorder

- Autism Spectrum Disorder (DSM5)
 - Deficits in social communication and interaction (social emotional reciprocity)
 - Plus restrictive repetitive patterns
- Social Communication Disorder (DSM5)
 - Difficulties in social use of verbal and non-verbal communication
 - Following rules of social communication (taking turns; adjusting depending on context etc.)



The Doctor is In!

**How to Talk
to Parents
about Getting
Help**

Helpful Reflections

- “As the old saying goes, parenting is the hardest job yet we get very little help doing it! No parent knows how to do this alone. There is good help out there....”
- “Everyone needs help some of the time.”
- “Getting help is a sign of strength not weakness.”
- “If your child had an infection, you would bring her to me because you want her to heal. If she needs help for her feelings, then let’s get her a feelings doctor.”
- Interfere with self-blame: “It seems like you are being hard on yourself. Getting help for your child is something to feel good about.” OR “You don’t need to blame yourself or your child. The most important thing is to get help.”

Helpful Reflections

- “Research shows that child therapy is very effective. No child is too young to benefit.”
- “It’s best to get your child help now while he is so young---we can prevent more problems and it will set your child up for greater success in the future.”
- “Getting your child therapy is not a sign that you failed. It’s a sign how much you care.”






**It Truly Takes a
Village to Raise
a Child!**

Community Resources

- Smart Love Family Services, Rush Medical Office Building, Oak Park, Suite 5601,
- Intake: 773-665-8052, ext. 4
 - Mental Health Services:
 - Early Childhood Therapy (1-5)
 - Child and Adolescent Therapy
 - Parent Coaching or Parent Counseling
 - Parent Education Seminars
 - Couples therapy and Adult therapy
 - Psychological/Neuropsychological testing

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- **Parenthesis Family Center (708) 848-2227**
 - Parenting Resource Program
 - Collaboration: Free Parent Discussion Group
 - 1st Thursdays of the month 7:00 p.m.
 - **Thrive Counseling Center 708-383-7500**
 - Supportive services for families
 - **Loyola Department of Psychiatry Child Psychiatry 708-216-6200**
 - **Rush Autism Assessment, Research, Treatment and Services Center (312) 942-0819**



“We are the mirror and the reflections our children receive from us will be the yardstick by which they measure their self-worth.”

(Smart Love, 1999)

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