



UNDERSTANDING YOUNG CHILDREN'S MENTAL HEALTH

Introduction to the DC 0-5
Part Two

The Legacy House

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Axis 3: Physical Health Conditions and Considerations

Since all aspects of a young child's development are interrelated, the assessment and diagnosis of a young child must include a physical, cognitive, and developmental assessment.

This assessment should gather information from a variety of sources including:

- family
- teachers
- other medical professionals involved in the child's care.

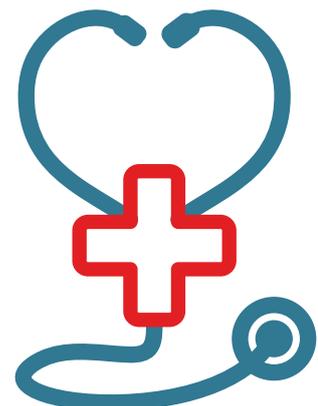
A physical condition can have a significant impact on the mental health of a young child sometimes in a positive manner and other times the opposite.

Name physical conditions that can impact a child's mood, behavior or ability to learn. _____

The health domains that should be considered in this axis include:

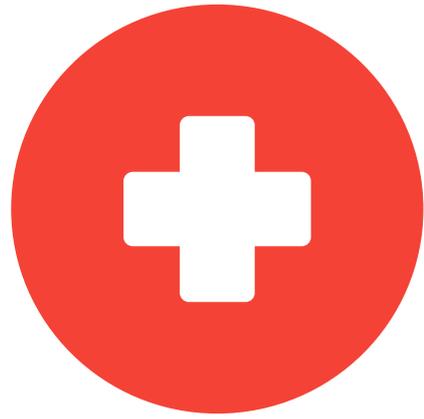
Prenatal conditions and exposures

- Exposure to medications or substances
- Prematurity
- Prenatally identified medical conditions



Chronic medical conditions

- Allergies
- Colic
- Congenital anomalies
- Cancers and tumors
- Endocrine
- Gastrointestinal
- Growth trajectory problems
- Genetic syndromes including Down syndrome, Fragile X, etc.
- Hematologic and blood diseases including anemia, or sickle cell disease
- Immunization status
- Neurologic conditions including seizure disorders, hydrocephalus, etc.
- Metabolic conditions
- Immunologic
- Infectious disease including HIV/AIDS, polio, tuberculosis, measles, etc.
- Respiratory including asthma or cystic fibrosis
- Sensory problems including vision or hearing impairment
- Dental



Are you familiar with any of these conditions? If so, what behaviors have you noticed that seem to go along with the condition? _____



Acute medical conditions including(e.g., trauma, accidents, fractures, appendicitis, or acute infections

History of procedures (regardless of final diagnosis)

Recurrent or chronic pain (from any cause)

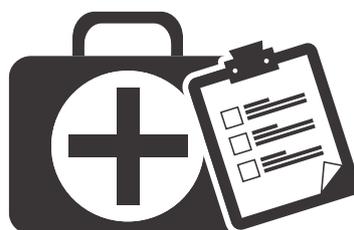
Physical injuries or exposures reflective of the caregiving environment including bruises, burns, or other injuries; injuries related to sexual abuse; or accidental chemical or medication ingestions)

Medication effects including steroids, albuterol, antihistamines, pain medications, anti-epileptic medications, psychotropic medications, or over the-counter dietary supplements

Markers of health status (identified through primary care and dental providers as well as immunization status)

What behaviors could you see if a child had chronic pain? _____

What are some of the effects of medication have you witnessed in young children? _____



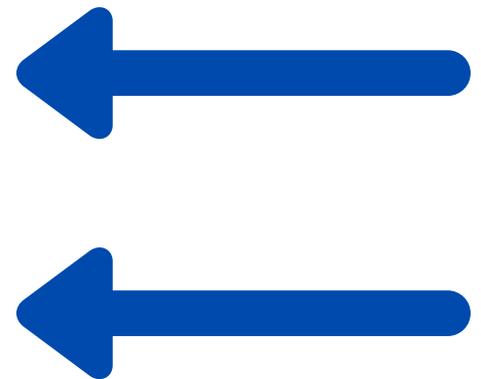
Look at the following symptoms...

- Increased thirst
- Frequent urination
- Extreme hunger
- Unintended weight loss
- Irritability and other mood changes
- Fatigue and weakness
- Blurred vision



What behaviors would you see in a young child who had these symptoms? _____

**These are
the
symptoms
of diabetes.**



Which of these symptoms would you know about if you didn't ask? _____

Chronic Pain in Children

The most frequent type of pain in children is headache, both tension and migraine. It is estimated that 20% of all pain in children is head pain, with migraine frequency increasing with age.

Children with recurrent headache tend to be:

- anxious
- hypersensitive
- excessive worriers

Recurrent headache also appears to run in families, with at least one parent experiencing similar pain during their childhood.

What else does this look like? _____

How would you know if a very young child had a headache? _____

What could this be?

- has learning problems (or difficulty concentrating)
- is always watchful, as though preparing for something bad to happen
- is overly compliant, passive, or withdrawn



Name ways to get information about a child's medical history? _____

How would rate your knowledge of the medical history of the children in your care? _____

Do you feel that having more information would change the care you provide to the children in your care? If yes, describe. _____



What medical conditions could impact a child wanting to or even tolerating being touched? _____

Reaction to Stimuli

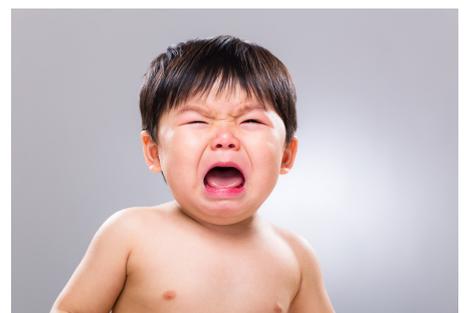


Babies naturally respond to needs, reflexes or instincts. The way they respond and the intensity of the responds can provide a great deal of information. When they are hungry, they cry; someone talks, the they look that way, etc.

Some babies are overly responsive and can be referred to as intense, high maintenance, even demanding. While the reason for the intense reaction may not be known these babies aren't as low-key as some others. These reactions can cause difficulties in bonding and/or attachment. These traits may be passing phases or may indicate mental health issues that are beginning to develop.

Some behaviors which indicate babies are overly responsive include:

- **Urgent crying**
- **Constant and voracious feeding**
- **Extremely poor sleep habits**
- **Inability to self-soothe**
- **Constantly tensed muscles**
- **Forceful reactions when unhappy**



How would you feel if you were a new parent and your child appeared difficult to soothe, didn't sleep well and cried for most of the day? _____



How would these traits impact bonding/attachment? _____

Most babies crave close physical contact. Gentle cuddles and hugs can help them feel safe, secure and loved.

However, some normal infants may find the close contact constricting and leave them feeling stressed and anxious.

For these babies, other ways of showing affection is critical.



While most babies respond enthusiastically to touch, some children may appear under-responsive. These children may have trouble noticing touch, temperature extremes and may not indicate if their diaper is soiled. These babies may appear low energy and might not be upset when they are tired, hungry or need changing.



Describe your comfort level with people being in your personal space. _____

Do you enjoy physical contact? _____

What kind of physical touch (if any) soothes you? _____

What kind of physical touch makes you uncomfortable? _____

How can you use this knowledge to improve your care of children? _____

Sleep & Food Issues

Meeting the basic needs of babies includes getting up throughout the night to feed, changing and comforting are normal parts of life. Research shows that between 20 to 40% of all young children have sleep issues of some kind.



There is a significant difference between an infant's normal waking patterns for food and changing and suffering from a sleep/eating disorder; however sleep issues have been linked to mental illness.

Sleep problems among infants and very young children, such as irregular routines and constant changes in duration of sleep may even be linked to the development of certain mental health disorders in adolescence.

What do you already know about the differences in sleep patterns for children? _____

Sleep disorders include insomnia, hypersomnia and parasomnia.

- Insomnia, which is the most common sleep disorder in children, is when they have trouble falling asleep and staying asleep.
- Hypersomnia is when children want to sleep all the time.
- Parasomnia is demonstrated by nightmares, night terrors and sleepwalking.

What happens to your mood, behaviors, etc. when you don't get enough or regular sleep? _____



How could this impact how you care for yourself and others? _____



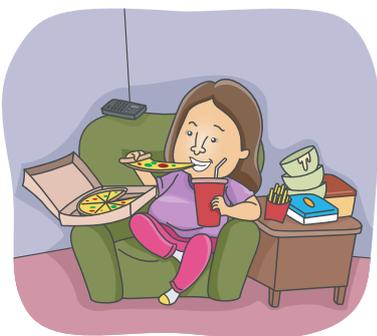
Babies who could be classified as picky eaters may be in danger of developing a number of mental health issues including anxiety, depression and ADHD. Signs that this pickiness is indicative of a larger issue include:



- **Baby who had trouble nursing and/or bottle-feeding from birth.**
- **Baby gags easily and often.**
- **Baby seems extremely sensitive to smells.**
- **Mealtime has always been a battle.**
- **Baby has trouble chewing and/or is 18 months old and still eating pureed food.**

Caregivers sometimes have difficulty regulating their own emotions when it comes to sleep/eating issues. This can create a vicious cycle of stress and anxiety that can intensify the issue.

How does stress and anxiety influence your eating habits? _____



Does your childhood experiences with sleep and/or eating impact how you sleep and eat now? _____

In your experience, what medical condition could impact sleep and/or eating? _____

Have you had children in your care that have difficulty eating, drinking and/or nursing? If yes, describe the impact on caregiving. _____

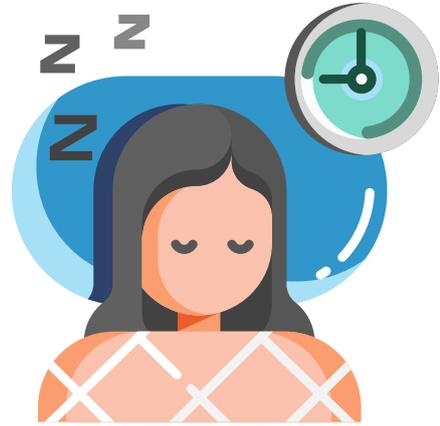
Describe the influence that culture/ethnicity can have on a child's sleeping eating habits. _____

Do you have personal beliefs/preferences regarding patterns, routines of how children should be sleeping. For example, what should a child's bedtime be, what is the total amount of sleep a child should get per night, how do feel about bed-sharing and room-sharing? _____



Look at the following symptoms...

- chronic tardiness for school
- trouble concentrating
- lack of motivation
- impulsivity
- inadvertent daytime sleeping
- academic troubles
- excessive weekend sleeping
- consumption of excessive amounts of caffeine, energy drinks, and other stimulants
- drug/alcohol abuse



What other things would you consider if you observed these symptoms? _____

**These are
the
symptoms
of insomnia.**



Which of these symptoms would you know about if you didn't ask? _____

Axis 4: Psychosocial Stressors

Psychosocial stressors for young children include single traumatic incidents as well as ongoing circumstances. Single incident events include natural disasters, accidents, death, short term illness, etc. Ongoing experiences can include: poverty, racial injustice, long term abuse and domestic violence.

The stress can be directly experienced or indirect such as the sudden illness of a parent.

Other issues to be considered include events and transitions that are a normal part of a family's experience or culture. These include: frequent moves, deployments, family member absence, changing schools/child care.



The impact of an event on a child depends on several factors:

- the severity of the stressor (its intensity, duration, and predictability)
- the developmental level of the infant/young child
- the availability and capacity of adults in the caregiving environment to serve as protective buffers and to help the infant/young child understand and cope with the stressor

What stressors have you seen in the children in your care? _____

Axis 4: Psychosocial Stressors

Some issues to consider:

- Abuse
- Acculturation or language conflicts
- Birth of a sibling
- Change in primary caregiver
- Criminal activity within the household
- Death of an important caregiver
- Domestic violence
- Family social isolation
- Father or mother absence
- Housing challenges
- Incarceration of family member
- Infant/young child has been adopted/foster care
- Medical Illness
- Mental health issues
- Parental conflict/divorce/separation
- Parent/caregiver substance use
- Teenage parent



Caregiver History

Parent and/or caregiver experiences directly impact young children's health development. Since children are dependent on others to meet their needs, they must also rely on adults for stability and security.

IMPORTANT!

It is important to keep in mind the history of parents/caregivers when assessing the mental health and potential coping skills of children.

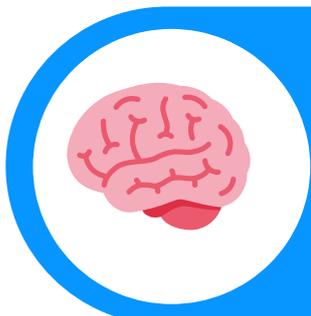
Abuse survivors often have lives characterized by crisis after crisis. The chaos of childhood follows them into adulthood and can affect their personal and professional life. The inner and external turmoil hinders the ability to live a life of predictability, routine and consistency.



Chronic stress and feelings of fear/anxiety can lead to increased risks of suffering from addiction, depression, and even PTSD. Young children need and require consistency and structure in their lives and if their home life is chaotic and distressing to them it can damage them for life.



Think of ways that your past habits or experiences have influenced your ability to manage emotions or participate in relationships. What are some ways that they have influenced how you manage emotions or handle relationships? _____



In the next section, develop a plan to:
A. Learn more about one of these areas
B. Do more about one of these areas
C. Share more about one of these areas

Baggage Cart

Think of your life journey as a trip. When people take a trip they think of where they are going, how they are going to get there and what it is they are going to take with them.

The baggage I want you to think about includes:

- **what beliefs about yourself, others, and the world**
- **the feelings you value and/or the feelings you experienced that you have held onto because it wasn't safe to express them**
- **the skills you developed that help you to live with others and to achieve your goals.**



Think about what it is you are carrying and whether or not you need to consider repacking your bags. Unpack them and look inside.

- **What are you carrying?**
- **How long have you been carrying them?**
- **Who packed the bags?**
- **Do these bags still serve their purpose?**



Baggage Cart

To begin this process, think about the exterior, the shell of your bags. If you were to describe them, what would they look like? Perhaps your bags are of brown paper that easily tears or disintegrates in the rain. Maybe they are sturdy hardback bags or soft medium size bags. They could be as small as a purse or as large as a trunk.

That which shows itself to the world, the shell, is just that, an exterior. That exterior represents your defenses, built to protect, hide and contain beliefs, feelings and skills.



What best describes the exterior of your baggage? (Circle one)

- Knapsack
- Trunk
- Overnight Bag
- Hardcover
- Paper
- Softcover
- Tattered
- Colorful
- Faded
- With wheels

How else would you describe your bags exterior? _____

Metaphorically, what does that mean to you? _____

How might you want to change the exterior of your bags? _____

What would that change reflect? _____



Baggage Cart

What beliefs about yourself and the world do you carry around? (Circle the ones that apply)

I am strong, capable.

I can ask for help if I need it.

People are trustworthy.

I am trustworthy.

It is okay to take risks.

I deserve respect.

I deserve to be happy.

The world has many wonderful things to offer.



Or are you carrying beliefs that say:

I can't trust other people - they will take advantage of me.

No one will listen to me.

Take what I need.

The world is scary.

I can't do anything right.

I don't expect much from me.

I'm inadequate, insufficient.

I need someone to take care of me.

If I show people who I am, they won't like me.

The world owes me, I am entitled.

It's not okay to make a mistake, something bad will happen.

Good things only happen to others.

Questions to ask yourself:

What are the feelings you carry with you?

Do you carry memories of laughter, happy times, feelings of pride?

Do you feel loved? Loving?

Do you have so much fear in your life that you have one whole bag designated just for fear?

How much anger, or how many resentments are you carrying?

Do you have a bag of loneliness?

How large is your bag of hopelessness, disappointments, sadness, or guilt?

Are there other feelings you are carrying?



Baggage Cart

Do you think you are using a cart?

If you are, you need to address the cart as this is the first step in letting go of excess baggage.

The fear of feelings may have you immobilized and pushing around an out of control cart.



What feelings would you prefer to be carrying with you? _____

Are your beliefs hurtful or helpful? _____

Do they support the way you want to live? _____

What are new beliefs that would be of greater support to you? _____

What tools are you carrying that are useful to keep? _____

Do you need to acquire some new tools you have never had before? _____

What are some next steps for you to be able to build meaningful relationships? _____



Axis 5: Developmental Competence

Children are born with the ability to function both emotionally and socially. The development of these directly impact all other areas of development.

All areas of development should be considered including:
emotional

- social-relational
- language-social communication
- cognitive
- movement/physical

These are rated in the following categories:

- Exceeds developmental expectations
- Functions at age-appropriate level
- Competencies are inconsistently present or emerging
- Not meeting developmental expectations (delay or deviance)



Axis 5: Developmental Competence

Competency Domain	Milestone	Milestone Rating	Comments	Competency Domain Rating
Emotional	Expresses full range of emotions, including pride, shame, guilt, and empathy.			
	Expresses distress or anger with words.			
	Shows pride in new learning and new experiences.			
	Expresses affection openly and verbally.			
	Expresses feelings through pretend play and drama.			
Social-Relational	Shows affection to peers without prompting.			
	Shares without prompts.			
	Can wait turn in playing games.			
	Shows concern for crying peer by taking action.			
	Engages in associative play with peers (i.e., infants/ young children participate in similar activities without formal organization but with some interaction).			
	Shares accomplishments with others.			
Language-Social Communication	Clearly uses <i>k, g, f, t, d,</i> and <i>n</i> sounds.			
	Builds logical bridges between ideas using words such as “but” and “because.”			
	Asks questions using words such as “why?” or “how?”			
	Says first name when asked.			

Rating key: 1=Fully present;
2= Inconsistently present or emerging; 3= Absent

Regression or Disintegration of Skills



Mental health concerns can be confusing in presentation. Caregivers may not link the behaviors of a child with a possible mental health issue. One sign that caregivers need to be aware of is if a young child experiences skill regression or disintegration.

There are times in which a baby may pause skills while working on another. For instance, a baby might pause babbling or talking effort when learning to walk. This type of behavior is most likely typical; however, there are some mental health conditions in which a baby seems to be thriving normally and reaching important milestones and then suddenly begins to lose language, social and motor skills. The change or disintegration of achieved milestones can also cause anxiety and frustration in the baby which can result in behavioral changes too.

Still regression may also occur if the young child has experienced extreme stress, trauma or significant change in life circumstances. Since the reason for skill regression or disintegration can vary, it is important to track changes and have the child assessed if skills continue to decline.

The common causes of regression in development are:

- progression in another area
- change and fears
- undetected illness

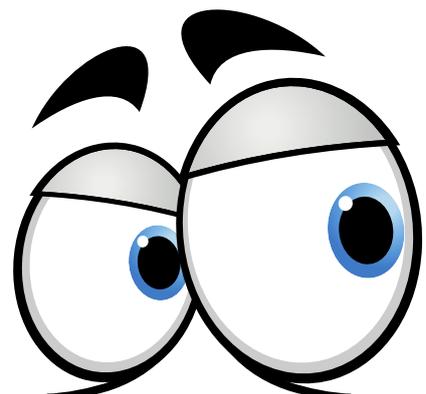
True developmental regression which includes a loss of skills can be a red flag. Children should generally follow a pattern of developmental improvement, not regression.

Autism Spectrum Disorder and Global Developmental Delay are the most common causes of true developmental regression.

Things to watch:

If by the age of 5 or 6:

- development has stopped or regressed significantly over a long period of time
- don't speak in full sentences or you have trouble understanding them
- withdrawn and don't interact well with others
- have trouble getting to or staying asleep
- it's difficult to follow simple instructions
- behavior is particularly challenging or aggressive at inappropriate times
- still wet or soil their pants in the day
- have no interest in writing their own name or any other letters



Developmental Milestones

Historically, milestones are stone markers on the side of the road that tell a traveler how close they are to their destination. Developmental milestones are the skills that children gain over time. Like markers on roads, developmental milestones mark developments that typical children can do at different ages. Milestones are helpful to identify children who may be falling behind their peers on a variety of skills at specific ages.

Milestones are broken down into four categories:

Fine/Gross Motor Development

Cognitive Motor Development

Language Development

Social/Emotional Development

Fine/Gross Motor Development

- **Newborn infants wrap their fingers around an object put into their hand, and sometimes can get their hand to their mouth.**
- **Most 3-month-olds can track moving objects and hold a toy.**
- **Babies of 6 months generally put things in their mouths, intentionally reach for objects, pick things up and change items from one hand to the other.**
- **By 12 months, a child should be able to use her thumb and index finger to pick items up, hold a crayon to make a mark, use cups and spoons and sit unaided.**
- **The normal 18-month-old child can turn pages in a book, stack two blocks, scribble and take off his shoes and socks.**
- **At 2 years of age, children can string beads unzip and draw a straight line.**
- **By 3, most kids can wash their hands and cut paper and 4-year-olds can unbutton big buttons, trace and copy letters, and draw a person.**
- **By the age of 5, most children can fold paper and do simple straight cutting.**



Fine/Gross Motor Development

Babies are born with limited physical control and gross motor skills. Gross motor skills are large movements, using the arms, legs, head and trunk.

- **A 1-month-old child might raise his head a bit when lying on his stomach.**
- **A 3-month-old can make some voluntary movements and will turn his head to see bright colors.**
- **Most 4-month-olds roll over.**
- **By 12 months, children should be walking with help.**
- **Children generally walk by 18 months of age.**
- **Most 3-year-olds can ride tricycles and run.**
- **By age 4, children should be jumping and balancing on one foot.**
- **5-year-olds generally can skip, walk backward and manage independently in the bathtub.**

Cognitive Motor Development

- **Newborns expect to be fed at regular intervals. and watch objects briefly.**
- **Three-month-old babies recognize bottle or breast.**
- **At 6 months, a baby begins to examine items**
- **At 1 year, she will search for hidden or lost items.**
- **A 1 1/2-year-old baby recognizes familiar pictures and things, understands that objects have purposes, and knows "up" and "down."**
- **Most 2-year-olds know their names, solve simple problems and put things into simple sequences.**
- **Most 3-year-olds can repeat phrases, pretend and remember rhymes.**
- **By age 4, children can point to six basic colors, understand a few numbers and draw recognizable pictures.**
- **Most 5-year-olds can count to 10, understand position words like "behind" and "in," and know at least some letters.**



Language Development

Language skills also develop very rapidly in young children.

- **Newborns express discomfort by crying.**
- **Three-month-olds listen to different voices and coo.**
- **Six-month-old children generally babble and voice their pleasure or displeasure by using tone.**
- **By the time most children are 1 year old, they should be saying a few words and imitating animal sounds.**
- **One-year-olds nod for "yes" and wave bye-bye.**
- **Most 2-year-olds put two or three words together, know about 50 words, and identify body parts by pointing.**
- **Three-year-olds in general can talk about toileting, ask and respond to simple questions, and speak clearly enough to be understood by people who know them.**
- **A 4-year-old child should know her own name, gender and age. She should use sentences of five to six words.**
- **Most 5-year-olds can tell stories, recite their name and address and use correct syntax when speaking most of the time.**

Social/Emotional Development

- **Infants make eye contact almost as soon as they are born.**
- **At 3 months, babies understand that their hands and feet belong to them. They know to stop crying when a parent comes near.**
- **Six-month-old babies play peekaboo, show fear of strangers and hold their arms out to indicate when they want picked up.**
- **A 1-year-old child will play games such as patty-cake and will imitate adults.**
- **An 18-month-old child follows one- or two-step directions, knows when others focus their attention on him, and can point to pictures in a book.**
- **By age 2, most children begin to attempt to socialize with other children. They indulge in parallel play: playing beside peers but not interacting much.**
- **Most children of 3 learn to share and can follow simple rules; some have imaginary friends or playmates.**
- **By age 4, kids can show and name emotions, and most 5-year-olds have a concept of time and enjoy playing with others their own age.**

Conclusion

Thank you for your interest in the mental health of young children. I hope that this information will inspire you to

Learn more

Do more

Share more.



Resources

DC:0-5: Diagnostic Classification on Mental Health and Developmental Disorders of Infancy and Early Childhood. Zero to Three, 2016.

<https://www.pacer.org/ec/early-development/when-parents-should-be-concerned-about-behavior.asp>

<https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Basics>

<https://www.verywellfamily.com/normal-and-abnormal-behavior-warning-signs-1094839>

<https://www.pacer.org/cmh/learning-center/does-my-child-have-an-emotional-or-behavioral-disorder.asp>

Family Therapy for children with Behavioral Disorders (kidsmentalhealth.org)

https://www.rch.org.au/kidsinfo/fact_sheets/Mentalhealthinfantsandchildren/#signs-and-symptoms

Development regression in young kids - what it is and when to be concerned (babyology.com.au)

<https://pathways.org/all-ages/checklists/>

<https://childdevelopment.com.au/areas-of-concern/what-is-child-development/#:~:text=Child%20development%20covers%20the%20full%20scope%20of%20skills,gross%20motor%20%28whole%20body%29%20skills%20More%20items...%20>

<https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art-20046577>

<https://developingchild.harvard.edu/science/deep-dives/mental-health/>

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