



EARLY CHILDHOOD MENTAL HEALTH  
in TARRANT COUNTY:  
AN INTERIM REPORT

February 5, 2004

*There are likely many contributing factors in the reported increases in aggression, under-socialization and anti-social behaviors in young children. One of the least appreciated is what I would call the poverty of relationships.*

*Simply stated, in our modern world, children are growing up in environments – families, schools, communities – that are materially wealthy but relationally impoverished.*

- Bruce Perry, M.D., Ph.D.,  
Senior Fellow of the ChildTrauma Academy



## EARLY CHILDHOOD MENTAL HEALTH in TARRANT COUNTY: AN INTERIM REPORT February 5, 2004

### Introduction

More young children in the United States, and Tarrant County, are experiencing emotional and/or behavioral difficulties. And those emotional and/or behavioral difficulties are becoming more severe. Why?

A wide range of public and professional conversation focuses on several possible causes for this growing national problem:

- inappropriate and/or inadequate prenatal care,
- lack of appropriate bonding & attachment with infants,
- the impact of neglect & abuse on the development of infants and toddlers,
- a lack of social skill development in young children, and/or,
- the impact of violent entertainment on young children.

While the causes for this national problem cannot be definitively identified, it is clear that the increased numbers of young children experiencing emotional and/or behavioral difficulties are currently impacting the child care industry and elementary education. And, in time, these young children will negatively impact the social service and criminal justice systems.

Nationally, *Time* magazine's December 7, 2003 issue reports on the growing numbers of young children entering public school with serious emotional and/or behavioral issues. According to Ronald Stephens, director of the National School Safety Center in Westlake Village, California, violent behavior is being expressed by younger and younger children. In the past five years, Stephens says, an increasing number of school districts in the U.S. have instituted special elementary schools for disruptive youngsters.

According to US Surgeon General David Satcher's 2001 report, one in ten American children suffers from mental illness. And just one in five of those receives treatment. Dr. Satcher says: *growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them.* Further, his report indicates:

- among the most common mental health issues for kids are attention deficit hyperactivity disorder (ADHD), depression, anxiety disorders, conduct disorders, substance abuse, and eating disorders.
- problem behavior that begins in early childhood gradually escalates to more violent behavior, culminating in serious violence before adolescence. The early-onset group (children), in contrast to the late-onset group (adolescents), is characterized by higher rates of offending and more serious offenses in adolescence, as well as by greater persistence of violence from adolescence into adulthood (*reviewed in Stattin & Magnusson, 1996, and Tolan & Gorman-Smith, 1998*).
- a higher percentage of girls who were serious violent offenders by age 16 or 17 (45 to 69 percent) were violent in childhood (*Elliott et al., 1986; Huizinga et al., 1995*).

In the June 2000 issue of the journal *Pediatrics* it was reported that the number of U.S. children with emotional and behavioral problems soared in the past two decades. The findings, based on pediatrician surveys of more than 21,000 patients, found that problems such as attention deficit/hyperactivity disorder and depression more than doubled from 1979 to 1996. Such conditions were identified in 6.8 percent of all doctor visits in 1979 and in 18.7 percent of visits in 1996.



In the February 23, 2000 issue of the *Journal of the American Medical Association* an article titled Trends in the Prescribing of Psychotropic Medications to Preschoolers concluded that there was a three-fold increase in the use of psychotropic medications by 4-5 year olds between 1991 and 1995. The most dramatic increases were in stimulants and anti-depressive medications.

In a 1997 *Newsweek* issue that focused entirely on early childhood issues, one article entitled: How to Build a Baby's Brain noted the following facts related to the impact of abusive early beginnings:

- if an infant or toddler has experiences that are traumatically overwhelming, and have them again and again, it changes the structure of the brain.
- trauma elevates stress hormones, such as cortisol, that wash over the tender brain like acid. As a result, regions in the cortex and the limbic system (responsible for emotions, including attachment) are 20-30% smaller in abused children than in normal children.
- high cortisol levels during the vulnerable years of zero to 3 increase activity in the brain structure involved in vigilance and arousal. As a result the brain is wired to be on hair-trigger alert. The slightest stress unleashes a new surge of stress hormones. This causes hyperactivity, anxiety and impulsive behavior.
- kids from high-stress environments have problems in attention regulation and self-control.

However, there have been few studies investigating the increased frequency of acts of aggression in young children or the types of aggression that are currently seen in settings for young children. Studies addressing aggressive behavior in young children have focused on the impact of television violence on young children's academic and social-emotional development (Eron & Huesmann, 1987; Singer & Singer, 1986; Carlsson-Paige & Levin, 1991) or the impact of abuse and violence on young children and their development (Craig, 1992; Osofsky & Fenichel, 1996).

Based upon such national data and anecdotal information from Tarrant County educators, physicians and early care & education professionals, the Mental Health Connection of Tarrant County (MHC) and The Partnership For Children (PFC) created the Early Childhood Mental Health Committee (ECMH Committee) in March 2003 to develop a base of information related to early childhood mental health issues and current Tarrant County prevention and intervention activity.

The rationale for empanelling the ECMH Committee was to create a documentary framework within which a range of Tarrant County organizations could work collaboratively to:

- raise community awareness about the increase in numbers and severity of early childhood emotional and/or behavioral difficulties,
- develop advocacy strategies to seek both societal and service funding stream change, and,
- successfully seek resources to either enhance existing early childhood mental health services and/or develop new early childhood mental health services (prevention & intervention).

The ECMH Committee met from March 2003 through January 2004 and explored the following Tarrant County early childhood mental health arenas:

- Baseline information:
  - surveyed three professional groups that interface with young children and their families to assess their perceptions of early childhood emotional and/or behavioral problems. The professional domains surveyed, and the response rates:
    - Elementary School Counselors in two Tarrant County school districts:  
Fort Worth ISD: 6,600 kindergarten children enrolled in 2003  
*44.8% survey response rate (35 of 78 elementary schools returned a survey)*



Arlington ISD: 4,250 kindergarten children enrolled in 2003  
*80.0% survey response rate (4 of 5 Lead Elementary School Counselors returned a survey)*

- Pediatricians:  
Cook Children's Physician Network emailed a questionnaire to 70 pediatricians in their network. 11 pediatricians responded for a 15.7% response rate. The responding pediatricians average 16.9 years in practice.
- Early Care & Education professionals:  
Camp Fire USA First Texas Council and Early Childhood Intervention surveyed 660 Tarrant County child care providers. 90 responded (14% response rate). Of those responding, 83% represented child care centers; 17% family child care providers.
  - Surveyed organizations that provide community intake: 12 organizations selected to participate; 7 responded.
- Gaps-in-service: members of the ECMH Committee and 38 additional professionals from 21 Mental Health Connection and Partnership For Children members participated in generating a prioritized list of early childhood mental health gaps-in-service.
- Early childhood mental health prevention and intervention services: a preliminary look at the range of prevention and intervention services discovered a relatively undefined early childhood mental health prevention and/or intervention system.

Perhaps the most powerful information generated by the ECMH Committee was the feedback provided by the school district counselors, pediatricians and early care and education professionals. Their survey responses provide a rather consistent picture across all three professional domains about current Tarrant County early childhood mental health issues.

#### ***What do Tarrant County School District Elementary School Counselors report?***

Of the Fort Worth and Arlington Independent School District elementary school counselors and/or lead counselors responding to a survey:

- **more than 85%** state that today's kindergartners are experiencing more emotional and/or behavioral problems than were kindergartners five years ago.
- **more than 42%** state that between 20%-30% of their entering kindergartners are experiencing emotional and/or behavioral problems that impair their ability to get a good start in school.
- **11,000**: the approximate number of 2003 kindergartners in Fort Worth and Arlington Independent School District.
- **550 –3,300**: the range of 2003 kindergartners in Fort Worth and Arlington Independent School Districts who might be experiencing enough emotional and/or behavioral problems to impair their ability to get a good start in school.
- **more than 86%** state that Assistant Principal time is being diverted from education leadership to behavior management problems.
- **more than 75%** state that children experiencing emotional and/or behavioral difficulties are contributing to teacher burn out and/or turn over.

#### ***What do Tarrant County Pediatricians report?***

72.7% of Tarrant County pediatricians responding to a survey state that the number of children under six years old they see in their practice with emotional and/or behavioral problems has increased in the past five years; and that there are more of these young children experiencing such problems than five years ago.

**16.9 years**: the average number of years in practice for the responding pediatricians.



*The four most common early childhood emotional/behavioral diagnoses these pediatricians make in their practice:*

Attention Deficit Disorder, with Hyperactivity, Anger Problems, Anxiety, and Behavior Disorders

*The four most common early childhood emotional/behavioral issues parents report to these pediatricians:*

Behavior problems at home, Behavior problems at child care, Behavior problems at school, and, Anger control problems

***What do Tarrant County Early Care & Education Professionals report?***

Of the 90 Tarrant County early care & education professionals responding to a survey:

- **80%** state they have children in their care with emotional and/or behavioral difficulties
- **530:** the number of children experiencing emotional and/or behavioral difficulties respondents stated are in their care
- **61.1%** state they have seen an increase in the number or severity of emotional and/or behavioral difficulties in the past five years
- **66.7%** state they are seeing more young children with emotional and/or behavioral difficulties than in the past five years

**Principles, Observations & Recommendations:**

Based upon the results of the March 2003 through January 2004 interim study, the Early Childhood Mental Health Committee has chosen to outline the following principles, observations and recommendations in an effort to encourage Tarrant County to take a much deeper look at why so many young children appear to be experiencing more profound levels of emotional and/or behavioral difficulties.

**Principles:**

- The first five years of a child's life are critically important for the future of that child.
- Parents bear primary responsibility for their children; the community bears responsibility for ensuring that parents can be successful in their parental responsibilities.
- We should redefine early intervention to begin with prenatal care.
- When exploring the reasons behind early childhood emotional and/or behavioral issues, don't blame the child. All too often we identify the child as the problem when we should view the child as a victim.
- Instead of trying to find out who, or what, is to blame for early childhood emotional and/or behavioral problems, we should instead find out what the root causes are and identify how we can address those root causes.

**Observations:**

- The first five years of a child's life are critically important for the future of that child.
- Across-domain survey feedback from responding Pediatricians, School District professionals, and Early Care & Education professionals indicates:
  - a perception that there is a growing number of young children experiencing more severe emotional and/or behavioral difficulties,
  - consistent belief that parents are not providing the parental support young children require,
  - strong demand for more, and perhaps mandatory, parent education.



Additionally, the survey feedback indicates that there is a:

- perception that early childhood emotional and/or behavioral difficulties are impairing many children's ability to succeed in school,
- lack of appropriate early childhood expertise in ISD pre-K and Kindergarten programs,
- lack of pre & post natal support and education,
- lack of awareness about the available resources to address early childhood mental health issues, and/or, there is a lack of appropriate early childhood mental health resources available to the community.

Recommendations:

- Reconstitute the Early Childhood Mental Health Committee to focus on the following agenda:
  - review early childhood mental health best practices from other communities and generate recommendations for how Tarrant County can strategically address early childhood emotional and/or behavioral problems,
  - develop a more integrated prenatal, newborn and postnatal system-of-care,
  - develop a consistent Tarrant County standard for school readiness outcomes and recommend strategies for ensuring that the caregivers for all young children have the necessary training and tools to achieve those outcomes.
- The ECMH Committee will report on its progress on this recommended agenda by December 1, 2004.
- The Early Childhood Mental Health Committee will continue to consist of Mental Health Connection of Tarrant County and Partnership For Children members.

It is clear from both national and Tarrant County data that something is not right in the lives of our youngest citizens. *The Early Childhood Mental Health in Tarrant County: Interim Report*, while providing compelling information that a problem does indeed exist, raises many difficult questions for our community to address:

- why are so many young children experiencing emotional and/or behavioral difficulties,
- what are the nature vs. nurture components to this problem,
- what role do parents and society play in creating this problem, and,
- what role do parents and society play in addressing this problem.

Perhaps the single-most important reality in each and every child's life is for him to feel connected: physically, socially, emotionally, and, some would say, spiritually. For children to be healthy they have to be connected to other children, their parents and siblings, and to the community around them.

Children experiencing emotional and/or behavioral problems are often outcast before they ever enter school. We *vote them off of the island* as if their anger, their pain, is their problem. Children, particularly young children, require that adults, all adults, provide them with the safety, nurturance, and life-skills education to help them actualize the *who-they-are*. But, are we providing that safety, nurturance and life-skills education?

A caring community cannot ignore the warning signs indicated in this *Early Childhood Mental Health in Tarrant County: Interim Report*. To do so not only puts the community at risk, but also, and most importantly, allows many young children – too many young children – to suffer desperate lives of isolation, loneliness, and despair.



**EARLY CHILDHOOD MENTAL HEALTH in TARRANT COUNTY: AN INTERIM REPORT  
TABLE OF CONTENTS**

	Page:
What do the Experts say:	
• Sandi Borden, Executive Director, Texas Elementary Principals & Supervisors Association:	8
• T. Berry Brazelton, M.D., pediatrician and founder of the Brazelton Touchpoints Center:	10
• Robin Karr-Morse, co-author of <i>Ghosts From the Nursery: Tracing the Roots of Violence</i> :	11
• Bruce Perry, M.D., Ph.D., Senior Fellow of the ChildTrauma Academy:	13
Surveys:	
• School District survey results, Fort Worth ISD	15
• School District survey results, Arlington ISD	17
• Pediatrician survey results:	19
• Early Care & Education professionals survey results:	21
• Intake survey results:	23
Gaps in Early Childhood Mental Health Prevention & Interventions services:	24
Early Childhood Mental Health service network:	26
Early Childhood Mental Health Prevention & Intervention Committee:	27
Partnership For Children Executive Committee and Members:	28
Mental Health Connection Executive Committee and Members:	29
Supporting information:	
• Pre & Post-Natal Care:	30
• Bonding & Attachment:	30
• Neglect & Abuse:	31
• Socialization:	34
• Violent Entertainment:	34
• General:	36
• Resources:	38



### WHAT DO THE EXPERTS SAY?

Specifically for this Early Childhood Mental Health Interim Report, the following nationally recognized Early Childhood Professionals were asked to respond to the question: **to what do you attribute the increase in early childhood emotional and/or behavioral problems in the United States?**

#### Sandi Borden, Executive Director, Texas Elementary Principals & Supervisors Association:

A little over a decade ago, Texas elementary school leaders began to discuss the increase in violent behavior among our youngest students. Anecdotally, the increase has been observed statewide. In a survey of 2003 TEPSA Summer Conference attendees, the response to a question about the "biggest challenge" faced by elementary administrators was the rise in incidents of acting out, violent behavior in young school children ages 3, 4 and 5. Principals and assistant principals report their classroom teachers express great difficulty in managing "violence and rage" in students. In a 2002 legislative survey, 88% of our more than 5100 members said, "Over the last two years, time spent to ensure campus safety has increased." In 1999 and 2000 Study Circles that TEPSA conducted, principals reported an increasing number of confrontational relationships as well as their expanding role to serve as a family counselor.

Nationally, the June 2003 Education Research Service Bulletin cites Philip S. Hall and Nancy D. Hall's book, *Educating Oppositional and Defiant Children*: "Twenty years ago most educators had never heard of children who were categorized as being oppositional and defiant, but today many teachers have such a child in their classroom." According to the authors, from 1976 to 1986, the number of emotionally disturbed children increased 32%.

On June 10, 1998, Education Week cited a study relating to schools, in which a group of John Hopkins University School of Public Health researchers concluded that "a disorderly first grade classroom may well be a training ground for boys who become troublemakers in middle school." Dr. Sheppard G. Kellam and colleagues followed 680 Baltimore children who entered first grade in 1985. "If you were an aggressive, disruptive first grader and you were in a poorly managed classroom, the risk of being aggressive later on was 59 times that of average kids," Dr. Kellam says. "In well-managed classrooms, the same kid's risk would be three times that of the average child." In this case, schools' lack of structure contributes to the chaotic lives that some children lead.

These factors paint a broad picture of growing concern for children's emotional, physical and social well-being. This is particularly worrisome because maintaining an emotionally and physically safe school is a research-based prerequisite for an effective school where children can learn to high levels.

Recent stories of out-of-control children are alarmingly numerous. For example, a San Antonio principal was hospitalized for two weeks after a four-year-old bit her so viciously that it punctured an artery requiring intravenous feeding to stop severe infection. Many school leaders tell us of times when a whole class was evacuated to remove other students from harm's way as chairs, desks and other objects became the projectiles of an angry child. Other students and educators have experienced broken arms, deep gashes, even head blows, from violent kicking and flailing. Our principals seek training to learn techniques for halting such violent behavior as well as preventive measures to forestall it.

While there is a documented 60% gap in school readiness and achievement at the entry of kindergarten between children from impoverished, poorly-educated families and those from more affluent, highly-educated



families, comprehensive data on the emotional and/or behavioral status of children is lacking. When a child's time spent sitting on someone's knee ranges from zero to more than 2,000 hours, the gap in opportunity to learn, to talk, to read and to care is dramatic. The ability to address any normal developmental delays in learning for a child is further exacerbated by family mobility, drug and alcohol related problems, tremendous parent needs and lack of appropriate parenting skills by caregivers.

Root causes appear to be:

- Society's failing support of children and families
- Lack of structure for children in their everyday lives
- Growing incivility in the general public produces many negative role models
- Insufficient early childhood intervention.

Elementary educators' experiences attest to the growing number of violent incidents involving young children. Clearly, the increased numbers of publicly educated preschool children may be raising this issue to public consciousness, whereas, events may have been covered up in prior generations.

Children and schools need help now. To echo Chilean author Gabriela Mistral, "Many things we need can wait, the child cannot. Now is the time his bones are formed, his mind developed. To him, we cannot say tomorrow, his name is today."

About Ms. Borden:

Sandi Borden is the Executive Director for the Texas Elementary Principals and Supervisors Association (TEPSA). TEPSA is a statewide association of more than 5,100 elementary and middle school mid-management educators. Under Ms. Borden's 18-year tenure, TEPSA has:

- Co-sponsored with TEA the first conference on Early Childhood Restructuring
- Initiated the TEPSA Academy – now in its eighth cycle and winner of national awards for excellence from the American Society of Association Executives
- Developed the *Instructional Leader Newsletter*, winner of state and national awards
- Provided professional development programs for more than 5,700 educators annually
- Initiated the Study Circles in all TEPSA districts
- Advocated for educational issues with the Legislature, State Board of Education and State Board for Educator Certification

Additionally, Ms. Borden serves on numerous state and national level Boards.

- Chair-Elect for NAESP Executive Director's Council
- Steering Committee of Greater Houston Collaborative for Children Preschool for All Project
- Coordinating Committee for Texas Business and Education Coalition, co-chairing its Legislative Committee
- Executive Committee for Texas Early Childhood and Education Coalition

To contact Ms. Borden: 800-252-3621 or go to [www.tepsa.org](http://www.tepsa.org)



**T. Berry Brazelton, M.D., pediatrician and founder of the Brazelton Touchpoints Center:**

The climate for parents and families has changed dramatically in the last few years - more stress, less supports, both parents working outside the home. This stress quickly sifts down to small children, unless parents work hard to handle it with them. I have identified 12 stresses on parents of small children that have escalated since I was raising my children.

Television and the media make aggression easily available to children who might act out their angry feelings. They hear about older counterparts who act out with kamikaze effects and they identify with them. Parents are confused about what values to pass on to their children. They must be encouraged and supported to turn back to ethnic, family, religious values to counteract a negative set of national values. Children need to learn resiliency now more than ever. How do parents teach that? One way is modeling. Discipline (not punishment) must become a confirming, limiting and supportive value in all children's lives. We desperately need institutions like the Tarrant County Partnership For Children who will support and engineer parents through these difficult times.

About Dr. Brazelton:

T. Berry Brazelton, M.D., is Clinical Professor of Pediatrics Emeritus at Harvard medical School and Professor of Psychiatry and Human Development at Brown University. Dr. Brazelton is the founder of the Child Development Unit at Boston Children's Hospital and the creator of the Neonatal Behavioral Assessment Scale (NBAS).

Dr. Brazelton, the author of 32 books including Touchpoints: Your Child's Emotional and Behavioral Development, What Every Baby Knows, The Irreducible Needs of Children, and the recently published Touchpoints Three to Six, was president of the Society for Research in Child Development for the 1987-1989 term, and the National Center for Clinical Infant Programs from 1988-1991.

In recent years, his growing concern about the pressures and stresses that families face in the 1990s and beyond has led to his frequent appearances before Congressional committees in support of parental and medical leave bills; he has worked to improve child care support for all working parents. In 1989, the U. S. Congress appointed Dr. Brazelton to the National Commission on Children, where he advocated with vigor for disadvantaged children. Dr. Brazelton is the recipient of the Gold Medal for Excellence in Clinical Medicine, from the Association of the Alumni, College of Physicians and Surgeons of Columbia University.

Finally, Dr. Brazelton is the founder of the Touchpoints Project, a preventive outreach program which trains professionals nationwide to better serve families of infants and toddlers. Since 1996, the Touchpoints Project has taken hold in 56 communities in 17 states, where it is linking health and education initiatives, in primary health care systems.

To contact Dr. Brazelton: 617-355-7601 or go to [www.touchpoints.org](http://www.touchpoints.org)



**Robin Karr-Morse, therapist and co-author of *Ghosts From the Nursery: Tracing the Roots of Violence*:**

In her latest live comedy routine, Ellen DeGeneres refers sardonically to our nations soaring rates of emotional pathology as our dialogue about “the three letter disorders”. “When I was a kid,” she says, “ we used to have just plain old crazy people. Now we have ‘ADD’ or ‘ODD’ or ‘OCD’. There are so many of them now that nobody even has the time anymore to say what the letters mean... .. Everything has to be no more than three letters.... Actually, what we all probably have is ‘TBD’ – Too Busy Disorder!

Perhaps when all is said and done, “TBD” may be the most apt label for the combined and cumulative roots generating increased pathology in children. . The growing impact of drugs and other toxins on the developing brain, the diminishing quality of nurturing in the wake of societal change, the role of the media modeling violence and pushing pills for any negative life experience along with the lack of political will to change this picture, have each been the subject of many well-researched publications.

But all of these may in fact boil down to “TBD” – too busy disorder. When adults are too overwhelmed by their own lives to be available to children in an intimate and connected way, children unavoidably reflect the consequences.

The most common symptoms of pathology now erupting in our children,-- depression, anxiety, aggression, defiance and impulsive disorders,-- can each be hugely mitigated by investments of adult time and attention. In many cases the “three letter disorders” have actually become ready catchalls for symptoms that may actually stem from subtler family issues. When practitioners look beyond the child’s behavior to the family, they often find parents unavailable to children (physically and emotionally), television or computers replacing eye contact with key adults, distance or hostility between parents and/or blatant ignorance about how to constructively create structure or discipline in the home.

In the wake of “having it all”, we seem to have forgotten that, regardless of class or educational background, building healthy children is a time and intimacy intensive investment. Even when the 90’s produced unprecedented new research underscoring the role of adequate early emotional nurturing to competence in school, the take away message has tended to focus parents on building academically smarter kids. Educated parents are now buying all kinds of learning toys and equipment to stimulate math and language skills in their babies and toddlers. Forgetting that the best toy for a baby is the face of someone who adores him, computer-based, high-tech toys have become ‘must-haves’ in the nursery. We have overlooked the importance of the one-to- one interactions with a baby which build crucial cortical capacities foundational to behavioral health—the time just to be present with a child, to respond sensitively to needs as they arise, to comfort and soothe, to be delighted in their growth. These easy to overlook opportunities are the necessary building blocks for that child’s soon- to- be critical capacity for empathy and for the self-regulation of strong negative emotions such as rage, frustration, or jealousy, the lack of which prime the child for later aggression.

Academic learning, competent judgment (common sense) and life decision-making can all be undermined when early relational nurturing is overlooked. The impact of earliest development still eludes our systems of education, which define their domain as beginning arbitrarily after age four, by which time the foundation for learning has already been substantially cast.

Until we recognize that child care from birth to school age is at least as critical an investment as K-12, until we infuse this time of development with the time and relationships so key to normal brain development, our schools will continue to reel from accelerating rates of special education, our child welfare and juvenile justice



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costs will continue to soar, as will rates of welfare dependency, drug dependency and adult incarceration. Rather than relying solely on prisons and sanctions to stay the tide of young people who now require containment, we could build into our educational system a continuum of developmentally excellent child care along with incentives (tax credits or stipends) to reward parents' involvement in high quality parent education.

We will either pay attention to this survey and others like it to build a dike at the front end of these heart-breaking statistics, or the flood will overtake us while we remain "Too Busy" to notice.

About Robin Karr-Morse:

Robin Karr-Morse, co-author of *Ghosts From the Nursery: Tracing the Roots of Violence*, is currently a family therapist in private practice in Portland, Oregon where she lives with her husband. Karr-Morse is a parent, adoptive parent, stepparent, formerly a foster parent and a grandmother.

Karr-Morse is a veteran of both child welfare and public education systems in Oregon. Formerly the Director of Parent Training for the Oregon child welfare system, she has designed and administered three statewide programs for families with children, including one focusing on pre-parenting in high schools, one on teen parents and one on families reported for abuse and neglect. She was the first executive director of the Oregon Children's Trust fund, a major public effort to prevent child abuse statewide. Karr-Morse was a consultant to Dr. T. Berry Brazelton's Touchpoints Program and is a lecturer on the Brazelton Seminar Faculty.

Karr-Morse has worked with county, state and national officials across the country to create social policies that support families in monitoring the earliest development to prevent delinquency and school failure. Currently, with a group of colleagues, she is working to build *The Parenting Institute*, an organization that will provide parents with state of the art developmental knowledge, skills and support that focuses on building emotionally competent children from conception through adolescence.

To contact Ms. Karr-Morse: 503-227-6091



**Bruce Perry, M.D., Ph.D., Senior Fellow of the ChildTrauma Academy:**

There are likely many contributing factors in the reported increases in aggression, under-socialization and anti-social behaviors in young children. One of the least appreciated – and the single one factor of most concern to me – is what I would call poverty of relationships. Simply stated, in our modern world, children are growing up in environments – families, schools, communities – that are materially wealthy but relationally impoverished.

For 99% of the time that humankind has been on the planet we have lived in extended-families. In these living conditions the ratio of older, more mature caregiver for every dependent child under the age of six ranged from 3:1 to 4:1. In other words, there were three or four individuals present and capable of protecting, nurturing, teaching and enriching a young child. In today's modern childcare situation we think it is a "best practice" to have a ratio of 1:4. In most cases these ratios reach 1:8 and by elementary school 1:20! This is biologically disrespectful and will predictably result in few opportunities for the developing child to have cognitive, social and emotional learning experiences. Healthy development requires opportunities to observe, model, practice and get redirection, instruction and reinforcement from a more mature person.

In effect, then, our modern world is allowing children to chronologically age without having an adequate number of opportunities to emotionally, socially and cognitively age at the same pace. A typical six year old child may have only had the same number of social interactions as a four year old child did in a typical extended family, hunter-gatherer living model. And a high risk six year old may have had even fewer. In our work, high risk children have about 1/3 of the healthy emotional, social and cognitive opportunities that same age peer has. We have created compartmentalized families, communities, schools and systems.

Television further exacerbates this problem. Independent of the content issues, watching television takes time away from opportunities for physical activity and health social interactions with peers and family. The combination is leading to an institutionalized form of neglect. Our choices in how we live and work are leading, inadvertently, to a form of emotional and social neglect for our children.

I find this to be such an important issue because of the profound and fundamental role that human relationships play in healthy brain development. Indeed healthy development and health, broadly defined, are dependent upon relationships. We know that the human brain is designed for forming and maintaining bonds with others: humans are social creatures designed for a life with others. The human brain is the organ that mediates all thinking, feeling and behaving. Its complex networks of neurons organize during development as a function of the timing, number and quality of motor, emotional, social and cognitive experiences. And, most of these experiences come from human interactions. Imagine for a moment, the day of a three-year-old child with an overwhelmed, exhausted mother living away from extended family with three young children under the age of six. Her husband is at work all day. She has few external social supports; each child has needs that remain unmet. In order for her to feed the baby the mother needs her three-year-old to give her a moment of quiet. Television becomes a tool of distraction and a childrearing aid. And on and on and on. You can imagine a host of similar – and more disturbing – ways in which isolated overwhelmed caregiving for young children would lead to fewer quality developmental experiences. And, thereby, lead to some of the under-socialized aggressive behaviors we are now seeing in your young children.

The choices we make in our culture have consequences. And, I believe, clinical and research evidence is converging to reveal some of the terrible consequences that result from our sociocultural neglect of children and the relationally impoverished world we have created for them. The findings in this survey should be seen as an early warning of rough seas ahead. Hopefully we will heed this warning and change course.



Mental Health Connection  
OF TARRANT COUNTY



About Dr. Perry:

Dr. Perry is the Senior Fellow of the ChildTrauma Academy, a Houston, Texas not-for-profit organization that promotes innovations in service, research and education in child maltreatment and childhood trauma.

Over the last fifteen years, Dr. Perry has been an active teacher, clinician and researcher in children's mental health and the neurosciences holding a variety of academic positions. Dr. Perry was on the faculty of the Departments of Pharmacology and Psychiatry at the University Of Chicago School Of Medicine from 1988 to 1991.

From 1992 to 2001, Dr. Perry served as the Trammell Research Professor of Child Psychiatry and Chief of Psychiatry for Texas Children's Hospital at Baylor College of Medicine in Houston, Texas. From 2001 to 2003, Dr. Perry served as the Medical Director for Provincial Programs in Children's Mental Health for the Alberta Mental Health Board.

To contact Dr. Perry: 281-932-1375 or go to [www.ChildTrauma.org](http://www.ChildTrauma.org)



### School District Survey:

Two Tarrant County school districts were surveyed:

- Fort Worth ISD: 6,600 Kindergarten children enrolled in 2003
  - 44.8% survey response rate (35 of 78 elementary schools returned a survey)
- Arlington ISD: 4,250 Kindergarten children enrolled in 2003
  - 80.0% survey response rate (4 of 5 Lead Elementary School Counselors returned a survey)

Michael J. Parker, Ph.D., Program Director, Psychological Services ([mpark@ftworth.isd.tenet.edu](mailto:mpark@ftworth.isd.tenet.edu)) from Fort Worth Independent School District and Sylvia Nichols, Director of Fund Development ([snichols@aisd.net](mailto:snichols@aisd.net)) from Arlington Independent School District assisted the ECMH Committee in surveying appropriate school district personnel.

### Fort Worth Independent School District:

**Are you or your counselors reporting that today's Kindergartners experience:**

85.7% more emotional and/or behavioral problems than Kindergartners 5 years ago,  
2.9% fewer emotional and/or behavioral problems than Kindergartners 5 years ago, or,  
11.4% about the same number of emotional and/or behavioral problems than Kindergartners 5 years ago.

**How would you describe the emotional and/or behavioral problems you are seeing in Kindergartners and/or hearing about from your counselors (prioritized by number of responses):**

1. More violent, anger control problems
2. Lack of self-control, lack of discipline
3. Defiant, no respect for authority
4. Social skills problems
5. Attachment problems
6. Anxiety, sadness, emotionality
7. Attention problems

**What percentage of children entering Kindergartners in your ISD would you guess are experiencing emotional and/or behavioral problems that impair their ability to get a good start in school:**

25.8% state that 5% of their entering kindergartners are experiencing these impairments  
22.6% state that 10% of their entering kindergartners are experiencing these impairments  
9.7% state that 15% of their entering kindergartners are experiencing these impairments  
6.5% state that 20% of their entering kindergartners are experiencing these impairments  
16.1% state that 25% of their entering kindergartners are experiencing these impairments  
19.3% state that 30% of their entering kindergartners are experiencing these impairments

**What are the two most dominant emotional and/or behavioral problems that you see or your counselors report about Kindergartners (prioritized by number of responses):**

1. More violent, anger control problems
2. Defiant, no respect for authority
3. Lack of self-control, lack of discipline
4. Social skills problems
5. Anxiety, sadness, emotionality
6. Attention problems



**What impact are these children having on Fort Worth ISD from a funding perspective?**

<b>Economic issue:</b>	<b>Yes:</b>	<b>No:</b>
Counselor positions increased:	51.6%	48.4%
Counselor time diverted to increased responsive services:	86.1%	13.9%
Assistant Principal time diverted from education leadership to behavior management:	86.7%	13.3%
Alternative classes established:	43.3%	56.7%
Teacher burn out and/or turn over:	91.2%	8.8%

**To what do you attribute the emotional and/or behavioral problems being experienced by Fort Worth ISD's kindergartners?**

1. Lack of parental supervision/appropriate discipline/unstable families (38 votes)
2. Exposure to negative experiences such as abuse, neglect, drugs (17 votes)
3. Exposure to too much TV or violent media (5 votes)

**What would you do to reduce the number of young children experiencing emotional and/or behavioral problems:**

1. Parenting classes/parent involvement, mandatory –required (22 votes)
2. More infant through 3 year old community base programs, including early identification of issues (14 votes)
3. Individual/group therapy and/or skills training for Kindergartners (9 votes)
4. More counselors or aides with training on early childhood mental health issues (8 votes)
5. Reduce class size (3 votes)



**Arlington Independent School District:**

**Are you or your counselors reporting that today's Kindergartners experience:**

- 100.0% more emotional and/or behavioral problems than Kindergartners 5 years ago,
- 0.0% fewer emotional and/or behavioral problems than Kindergartners 5 years ago, or,
- 0.0% about the same number of emotional and/or behavioral problems than Kindergartners 5 years ago.

**How would you describe the emotional and/or behavioral problems you are seeing in Kindergartners and/or hearing about from your counselors (prioritized by number of responses):**

1. More violent, anger control problems
2. Lack of self-control, lack of discipline
3. Defiant, no respect for authority
4. Attachment problems
5. Social skills problems
6. Anxiety, sadness, emotionality

**What percentage of children entering Kindergartners in your ISD would you guess are experiencing emotional and/or behavioral problems that impair their ability to get a good start in school:**

- 50.0% state that 5% of their entering kindergartners are experiencing these impairments
- 25.0% state that 25% of their entering kindergartners are experiencing these impairments
- 25.0% state that 30% of their entering kindergartners are experiencing these impairments

**What are the two most dominant emotional and/or behavioral problems that you see or your counselors report about Kindergartners (prioritized by number of responses):**

1. More violent, anger control problems
2. Social skills problems
3. Lack of self-control, lack of discipline
4. Defiant, no respect for authority

**What impact are these children having on Arlington ISD from a funding perspective?**

<b>Economic issue:</b>	<b>Yes:</b>	<b>No:</b>
Counselor positions increased:	100.0%	0.0%
Counselor time diverted to increased responsive services:	75.0%	25.0%
Assistant Principal positions increased:	100.0%	0.0%
Assistant Principal time diverted from education leadership to behavior management:	100.0%	0.0%
Alternative classes established:	25.0%	75.0%
Alternative classes increased:	25.0%	75.0%
Alternative school established:	25.0%	75.0%
Teacher burn out and/or turn over:	75.0%	25.0%

**To what do you attribute the emotional and/or behavioral problems being experienced by Arlington ISD's kindergartners?**

1. Poor parenting: lack of skills, prenatal exposure to drugs, alcohol and tobacco
2. Not enough parent interaction (discipline or attention)
3. Parent stress



What would you do to reduce the number of young children experiencing emotional and/or behavioral problems:

1. Increase prevention opportunities: parenting classes, teach appropriate social skills, support for “busy families” and blended families or single parent homes
2. Offer more information to parents of infants and preschoolers about how to effectively parent children and prepare them to be ready for kindergarten in the areas of emotional maturity, social skills and academic readiness.

**Additional Arlington Independent School District Information:**

**Referrals to Elementary Alternative School of Assignment**

Year	Number	Grade	Gender	Reason
1999-2000	1	1	M	Danger to teacher & others
2000-2001	1	1	M	Serious acts of disorderly conduct (placed plastic bag over head of another child)
2001-2002	2	1	M	1. Knife on school bus 2. Assault of administrator prior to hitting a student
2002-2003	8	1	M	1.ongoing inappropriate touch 2.fighting&attempt to “moon” teacher 3.continues to throw chairs & destroy classroom 4.persistent misbehavior, physical with other children 5.persistent misbehavior with violent outbursts (hitting, kicking, biting) 6.constantly disrupts class environment 7.assault of principal 8. 20 office referrals including sexual misconduct & physical aggression and threats to other students

Referrals to an intervention program (SUCCESS) for persistent misbehavior (one semester in length). Only 1<sup>st</sup> grade students are included in this report although the program is grades 1 – 6.

<i>School Year</i>	Fall		Spring	
	Male	Female	Male	Female
2000-2001	NA	NA	8	0
2001-2002	11	2	11	1
2002-2003	7	2	10	1
2003-2004	10 *	1 *		

\* It should be noted that 2003-04 began less than 5 weeks prior to collecting this data. Only eight children are placed in the program per semester.



### **Pediatrician Survey:**

Cook Children's Physician Network emailed a questionnaire to 70 pediatricians in their network. 11 pediatricians responded for a 15.7% response rate. The responding pediatricians average 16.9 years in practice.

Linda Gilfillan, RN, MHSM, Operations Manager Community Clinics for Cook Children's Physician Network assisted the ECMHC in surveying pediatricians in the network. Contact: [lindaqil@cookchildrens.org](mailto:lindaqil@cookchildrens.org)

#### **Would you say children under six years old you see in your practice are experiencing:**

- 72.7% more emotional and/or behavioral problems than 5 years ago,
- 0.0% fewer emotional and/or behavioral problems than 5 years ago, or,
- 27.3% about the same number of emotional and/or behavioral problems as 5 years ago.

#### **Would you say the numbers of children under six years old who are experiencing emotional and/or behavioral problems coming to your practice:**

- 72.7% has increased in the past 5 years
- 0.0% has decreased in the past 5 years
- 27.3% has remained about the same in the past 5 years

#### **How would you describe the emotional and/or behavioral problems you are seeing in children under six years old (prioritized by number of responses):**

1. Anxiety, sadness, emotionality
2. Defiant, no respect for authority
3. Attention problems
4. More violent, anger control problems
5. Lack of self-control, lack of discipline
6. Social skills problems
7. Attachment problems
8. Language development
9. Eating problems
10. Mood disturbances
11. Bi-Polar disorders

#### **What are the two most common early childhood emotional and/or behavioral problems parents report (prioritized by number of responses):**

1. Behavior problems at home
2. Behavior problems at child care
3. Behavior problems at school
4. Anger control problems
5. Sleeping difficulties
6. Eating difficulties
7. Crying too much
8. Communication problems



**What are the two most common early childhood emotional and/or behavioral diagnoses you make in your practice (prioritized by number of responses):**

1. Attention Deficit Disorder, with Hyperactivity
2. Anger Problems
3. Anxiety
4. Behavior Disorders
5. Adjustment Disorders
6. Depression
7. Oppositional Defiant Disorder
8. Behavior problems related to family dysfunction
9. Colic
10. Communication problems
11. Developmental delay
12. Sleeping Difficulties

**If you refer parents of young children experiencing emotional and/or behavioral problems, to whom do you refer (alphabetized):**

- Child Study Center
- Cook Children's Behavioral Health
- Fourth Street Parent & Child Learning Center
- Insurance Company mental health depts.
- MHMR of Tarrant County
- Private psychologists as referred by insurance
- The Parenting Center
- TWU
- UNT

**To what do you attribute the emotional and/or behavioral problems being experienced by children under six:**

1. Family dysfunction
2. Not enough parent interaction (discipline or attention)
3. Societal stress: age inappropriate pressure, violent entertainment
4. Parent stress

**What would you do to reduce the number of young children experiencing emotional and/or behavioral problems:**

1. Parent Education: decrease parental expectations, create stable home lives
2. Improve behavioral health coverage and services for children: early detection and intervention
3. Smaller child care settings for young children
4. Allow free time for creative, non-structured play.



## Early Care & Education Professionals Survey

Camp Fire USA First Texas Council and Early Childhood Intervention developed a survey instrument that was designed to collect self-reported data from staff of Head Start, child care, and other licensed programs for young children in Tarrant County, particularly related to emotional and/or behavioral difficulties observed in children enrolled in their programs, community resources, and the individual's capacity to handle the difficulties presenting themselves. The questionnaires mailed to 660 facilities and 90 of those responded.

For information about the Early Care & Education Professionals survey, contact Sandra Lamm, Associate Vice President for Work/Family and Child Care [sandra@firsttexascampfire.org](mailto:sandra@firsttexascampfire.org) or Joy Elliott, Executive Director, Early Childhood Intervention [jelliott@mhmrct.org](mailto:jelliott@mhmrct.org).

### Overview of Results

#### The Respondents:

Ninety questionnaires were returned, for a return rate of 14%. Of the respondents, 83% were owners or administrators of child care centers, and 17% were family child care providers (group day home operators). Of these, 80% had over 5 years experience in the field; nearly a quarter had 20 years or more. Forty-five percent had college degrees (two years through graduate).

Demographic data were supplied by 60 of the respondents; among these, 10% were African American, 7% were Hispanic, and the rest were Anglo. All but one respondent was female.

Sixteen percent of the programs were part-time and the remainder were open full-time. Nearly all of the programs reported offering care to pre-school children; about two-thirds enroll infants and toddlers, and about two-thirds provide care to school-age children. Most enroll 100 or fewer children.

#### The Results:

**80%** of the respondents reported having children with behavioral and/or emotional difficulties in their care. **530** of the children in the responding centers are experiencing behavioral and/or emotional difficulties.

Ranked from most frequently to least frequently reported, these behaviors were:

1. Ups and downs in activity, attention, emotions, and ability to settle down (82%)
2. Problems with communicating and relating to others (73%)
3. Inability to start an interaction or keep it going (54%)
4. Unusually destructive (such as breaking things) (52%)
5. Severe sadness, fearfulness, which interferes with daily functioning (38%)
6. Inability to manage interactions, leading to aggression, rage, withdrawal (30%)
7. Wets or soils outside or toilet or diaper (26%)

Three-fifths of respondents reported seeing an increase in behavioral difficulties in the past five years, and two-thirds reported more younger children with difficulties. Over half said incidents of rage and anger had increased and become more severe over the past three years.

When asked what diagnoses physicians are giving children, ADD and ADHD were most commonly listed.

About half of respondents reported using a community resource, and three-fifths said they had referred parents to resources. Only about half responded to a question about whether their training had prepared



them to address the needs of children with emotional and/or behavioral difficulties; of these only 29% said they felt confident in their ability to appropriately respond to children experiencing emotional and/or behavioral difficulties.

### Conclusions

Early care and education professionals in Tarrant County are seeing steady increases in emotional and/or behavioral difficulties in the children from birth through school-age in their care. These difficulties are severe, and interfere with children's daily functioning and interactions.

Few of the respondents feel confident in their capacity to deal with the difficulties these children are exhibiting, even though many of the respondents have higher education and extensive experience in the field.

Fewer than half of the professionals have used community resources, and only slightly more have referred parents to community resources.



Intake Survey:

Members of the ECMH Committee felt it might be instructive to survey a number of organizations that have intake capabilities who might have callers with young children experiencing emotional and/or behavioral problems. Twelve Tarrant County organizations were selected.

The following organizations completed the Intake Questionnaire: Child Care Associates, Cook Children's Medical Center, Early Childhood Intervention, Camp Fire: Child Care Resource & Referral, JPS, Mental Health Association, and the Women's Center.

Organizations that did not complete the survey stated they could not do so primarily due to their inability to isolate the requested information from current databases.

Of the seven responding organizations, their responses:

**Does your organization receive intake phone calls from individuals seeking services for children under the age of six who are experiencing emotional and/or behavioral problems:**

- all seven said *yes*

**How many calls of this nature have you received in 2003:**

- range from 20-200

**How many calls of this nature did you receive in 2002:**

- range from *not available* to 175

**What percentage of the callers are (2 organizations did not respond):**

	CCA:	Cook's:	CCR&R:	MHA:	WC:
Parents:	5%	90%	90%	25%	55%
Relatives:	0%	5%	10%	50%	30%
Professionals:	95%	5%	0%	25%	15%

**What are the two most common early childhood emotional/behavioral issues callers report:**

5	Behavior problems at home	2	Behavior problems at school
4	Behavior problems at child care	2	Communication problems
3	Anger control problems	1	Eating difficulties
3	Sleeping difficulties	0	Crying too much

**To which organizations do you refer these callers:**

4	ECI	1	Fourth Street Parent & Child Learning Center
4	Child Study Center	1	Mental Health Association
3	Cook's Behavioral Health	1	Warm Place
3	The Parenting Center	1	Catholic Charities



### Gaps In Early Childhood Mental Health Services:

At the April 25, 2003 meeting of the ECMH Committee, members generated a draft list of Gaps in Early Childhood Mental Health Services.

At the May 16, 2003 meeting of the ECMH Committee, members reviewed the gaps in service list generated at the April 25 meeting, refined some of the list items, then went through a draft prioritization process.

On October 10, 2003, a list of the final draft of the Gaps in Service were emailed out to the full Partnership For Children and Mental Health Connection membership to seek their assistance in the final prioritization process.

A total of 38 professionals from both The Partnership For Children and the Mental Health Connection of Tarrant County (representing 21 agencies) responded to the Gaps In Service ranking survey. Listed below are the results:

1. Community barriers for parents: no clear directions for parents whose young child are experiencing mental health difficulties, there are language/reading barriers, and there is the stigma for parents of young children being willing to seek assistance for that young child
2. Lack of early and accurate diagnosis of early childhood mental health disorders (not to mention frequent misdiagnosis)
3. Limitations of managed care, Medicaid, and CHIP mental health services for young children
4. Inadequate number of mental health professionals (psychiatrists, therapists, and social workers) who specialize in early childhood services
5. Lack of early childhood mental health education for the provider community: medical personnel, child care professionals, and social service professionals
6. Lack of parental prenatal and postpartum education and parent support services
7. Need for more community-based services
8. Lack of a community-wide maternal postpartum mental health assessment



**Early Childhood Mental Health Prevention & Intervention Services in Tarrant County:**

The EHMC Committee surveyed Tarrant County mental health providers to evaluate the extent of services available to address the needs of early childhood mental health. This included specialized assistance for the parents of young children (parenting classes / support groups) as well as therapy specifically for young children.

Twelve agencies were found in Tarrant County that provided Play Therapy with a sliding scale fee schedule. Therapy could be offered to children as young as 3 years of age at these agencies.

However, not all agencies surveyed actually had therapists with formal training in Play Therapy. All agencies utilized Master's level therapists, but not all were licensed with the advance license for counseling (LPC) or clinical social work (LCSW).

These agencies are:

- |  |  |
|--|--|
| Baptist Marriage and Family Counseling | Jewish Federation of Fort Worth and Tarrant County   |
| Catholic Charities                     | Metropolitan Center for Counseling and Psychotherapy |
| Center Street Counseling               | The Parenting Center                                 |
| Children First, Inc.                   | Women's Center                                       |
| Family Counseling Center Association   | Women's Haven  |
| Family Counseling Association          | Women's Shelter                                      |

Of the agencies that conduct Play Therapy of children 3-5 years old, the presenting problems during the past year were:

- behavior problems at home
- behavior problems at a child care facility
- anger control – usually expressed by hitting or kicking other children or parents or destroying property.

Only five agencies offered parenting classes on a regular basis, not including the baby basics offered at several local hospitals for parents that had just given birth. These agencies are Bridge Youth and Family Services, Catholic Charities, Family Assessment, Consultation and Therapy Services, The Parenting Center, and the Women's Shelter. Each of these agencies included some classes on parenting young children.

One agency offered an educational series on parenting a child with a brain disorder. There were two parenting advice lines, one more with a medical and behavioral focus and the other with a behavioral and resource focus (Cook Children's Medical Center and The Parenting Center).

The latter reports the most frequent calls by caretakers of young children (5 and under) are regarding child development issues, behavior problems and questions on discipline. This parenting advice line reports that it is frequent that a parent of a child under 5 years of age already has the feeling that he or she has "lost control" of the child and is requesting help on how to improve the child's behavior in the home.



Mental Health Connection  
O F T A R R A N T C O U N T Y



In October 2003, a focus group of six agencies in Tarrant County that provide mental health services discussed services for young children and their caregivers. It was the general consensus of the group that:

- each agency is seeing problems that are more severe than in past years,
- the behavior and emotional problems are being seen in children at younger ages than before, and
- more parents do not seem to have a grasp of the elements necessary to develop a healthy relationship with their child, even with the absence of physical, sexual or emotional abuse.

Focus group members were: Cancer Care Services, Catholic Charities, Lena Pope Home, Mental Health Association, Tarrant County Mental Health Mental Retardation, The Parenting Center, Women's Haven, and Women's Shelter.

The consensus among providers of Play Therapy was the concern over that lack of child psychologists and child psychiatrists when the problem needed more than Play Therapy alone could adequately address.



**The Early Childhood Mental Health Prevention & Intervention Committee**

As noted earlier, the Early Childhood Mental Health Committee (ECMHC) was created in March 2003 to develop a base of information related to early childhood mental health issues and current Tarrant County prevention and intervention activity.

The ECMH Committee was co-chaired by Sherry Dunn, Director of Programs [sdunn@theparentingcenter.org](mailto:sdunn@theparentingcenter.org), The Parenting Center (representing the MHC) and John Ross, Project Coordinator [partnershipforchildren@yahoo.com](mailto:partnershipforchildren@yahoo.com), The Partnership For Children (representing the PFC).

The ECMH Committee met 7 times from April 25, 2003 through January 28, 2004. The committee work consisted of:

- outlining a national framework for early childhood mental health issues
- generating baseline Tarrant County information about the types and amount of early childhood mental health issues in three professional groups that interface with young children and their families: pediatricians, child care providers, and school districts.
- determining gaps in early childhood mental health prevention and intervention services
- generating a list of community recommendations focused on addressing early childhood mental health issues.

**Early Childhood Mental Health Committee:**

Pamela Donnelly  
*Community Volunteer*

Sherry Dunn, Co-Chair  
*The Parenting Center*

Joy Elliott  
*Early Childhood Intervention*

Helen Ferguson  
*MHMR of TC*

Shauna Fitzjarrell  
*Crime Prevention Resource Center*

Linda Fulmer  
*Fulmer & Associates*

Beverly Hewitt  
*Community Volunteer*

Anna Jimenez-Slaton  
*Camp Fire USA First Texas Council*

Sandra Lamm  
*Camp Fire USA First Texas Council*

Becka Meier  
*Women's Center*

Julie Miers  
*Fort Worth ISD, Parents As Teachers*

Sylvia Nichols  
*Arlington Independent School District*

Carolyn Presnall  
*Cook Children's Medical Center*

Lou Ann Pressler  
*The Parenting Center*

Pam Rinn  
*Camp Fire USA First Texas Council*

John Ross, Co-Chair  
*The Partnership For Children*

Dee Ternus  
*Touchpoints, City of Fort Worth*

Patsy Thomas  
*Mental Health Connection of Tarrant County*

Victoria Warren  
*City of Fort Worth*



**2003-2004 Partnership For Children  
Executive Committee:**

**Chair:**

Pat Cheong, Asst. VP Regional Planning &  
Public Policy  
*United Way of Metro Tarrant County*

**Vice Chair/Treasurer:**

Nina Jackson, Coordinator  
*FWISD Adolescent Pregnancy Services*

**Secretary:**

Amy Raines, Team Leader  
*City of Fort Worth Public Health Dept.*

**Ex-Officio Member:**

Linda Ragsdale, Executive Director  
*Tarrant County Youth Collaboration*

**Northeast Tarrant County Representative:**

Faye Bealieu, Director  
*United Way Northeast*

**Greater Arlington Representative:**

To be decided

**Touchpoints Fort Worth/Tarrant County:**

**Chairs:**

Lisa Witkowski, Child Care Manager  
*Work Advantage*  
John Ross, Coordinator  
*The Partnership For Children*

**Site Coordinator:**

Dee Ternus, Human Services Specialist  
*City of Fort Worth Public Health Dept.*

**Neighborhood Partnership Committee:**

**Chairs:**

Nina Jackson, Coordinator  
*FWISD Adolescent Pregnancy Services*  
Mike Steele, Executive Director  
*Communities In Schools*

**Quality Child Care Committee:**

**Chairs:**

Lisa Witkowski, Child Care Manager  
*Work Advantage*  
Linda Winkelman,  
*Camp Fire USA First Texas Council*

**Public Awareness Committee:**

**Chairs:**

Susanne Luebke, Director Clinical Counseling  
*Catholic Charities*  
Kate Gaines, Director  
*Tarrant County Family Pathfinders*

**Early Childhood Mental Health Prevention &  
Intervention Committee:**

**Chairs:**

Sherry Dunn, Director of Programs  
*The Parenting Center*  
John Ross, Consultant  
*The Ross Group*

**Partnership Coordinator:**

John Ross, [partnershipforchildren@yahoo.com](mailto:partnershipforchildren@yahoo.com)

**2003-2004 Partnership For Children Membership:**

**Organizations:**

Camp Fire USA First Texas Council  
Castleberry Independent School District  
Catholic Charities  
Child Care Associates  
City of Fort Worth  
Clayton YES  
Communities In Schools  
Cook Children's Medical Center  
Crime Prevention Resource Center  
Early Childhood Intervention  
Family Pathfinders of Tarrant County  
Fort Worth Independent School District  
Fort Worth Area AEYC

Gill Children's Services  
Girl Scouts, Circle T Council  
Harris Methodist Fort Worth Hospital  
March of Dimes  
Maximus  
Mental Health Connection, Tarrant County  
Tarrant County Fatherhood Coalition  
Tarrant County WIC  
Tarrant County Youth Collaboration  
TDPRS: Child Care Licensing  
The Parenting Center  
United Way of Metropolitan Tarrant County  
Work Advantage

**Community Advocates:**

Bonnie Cabico  
Pam Donnelly  
Beverly Hewitt  
Dorothy Kuhlmann

Jo McGovern  
Melanie Nieswiadomy  
Dr. Margaret Puckett  
John Ross



***Mental Health Connection of Tarrant County***  
**2004 Board of Directors**

**Chair:** Ted Blevins  
**Vice Chair:** Joan Barcellona  
**Treasurer:** Jim McDermott  
**Secretary:** Randy Spencer  
**Consumer Representative:** Pamela Davis

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**Advocacy:** Wayne Carson, All Church Home  
**Board Development:** Carey Cockerell, Tarrant County Juvenile Services  
**Finance:** Jim McDermott, MHMR TC  
**Membership:** Barbara Lamsens, The Parenting Center  
**Operations:** Susan Garnett, MHMR TC  
**Social Marketing:** Pat Cheong, United Way of Metropolitan Tarrant County  
**Sustainability:** Carol Riley, Catholic Charities

**At-Large Members:**

Jennifer Gilley, Tarrant County Challenge  
Lauralee Harris, Mental Health Association  
Dr. Joe Burkett, MHMR TC  
Lily Wong, JPS Health Network  
Chuck Hoffman, FWISD  
Sandy Ayers, Parent  
Suzanne Metzger, Parent

**President:** Patsy Thomas, [patsywthomas@aol.com](mailto:patsywthomas@aol.com)



## **SUPPORTING INFORMATION:**

### **Pre & Post-natal Care:**

#### **Maternal Smoking During Pregnancy and Severe Antisocial Behavior in Offspring: A Review**

Lauren S. Wakschlag, PhD, Kate E. Pickett, PhD, Edwin Cook, Jr, MD, Neal L. Benowitz, MD and Bennett L. Leventhal, MD

*Objectives:* Recent research suggests that in utero exposure to maternal smoking is a risk factor for conduct disorder and delinquency. We review evidence of causality, a controversial but important public health question.

*Methods:* We analyzed studies of maternal prenatal smoking and offspring antisocial behavior within a causal framework.

*Results:* The association is (1) independent of confounders, (2) present across diverse contexts, and (3) consistent with basic science. Methodological limitations of existing studies preclude causal conclusions.

*Conclusions:* Existing evidence provides consistent support for, but not proof of, an etiologic role for prenatal smoking in the onset of antisocial behavior. The possibility of identifying a preventable prenatal risk factor for a serious mental disorder makes further research on this topic important for public health.

[www.ajph.org/cgi/content/abstract/92/6/966](http://www.ajph.org/cgi/content/abstract/92/6/966)

#### **Prenatal Alcohol Exposure and Childhood Behavior at 6 to 7 Years**

<http://pediatrics.aappublications.org/cgi/reprint/108/2/e34.pdf>

#### **Women's Health After Pregnancy and Child Outcomes at Age 3 Years: A Prospective Cohort Study**

Robert S. Kahn, MD, MPH, Barry Zuckerman, MD, Howard Bauchner, MD, Charles J. Homer, MD and Paul H. Wise, MD

*Objectives:* This study examined the persistence and comorbidity of women's physical and mental health conditions after pregnancy and the association of these conditions with child outcomes.

*Methods:* A national cohort of women who recently gave birth were surveyed in 1988 and again in 1991. We examined longitudinal data on maternal poor physical health, depressive symptoms, and smoking, and maternal report of child outcomes (at age ~3 years).

*Results:* Women's poor physical health and smoking had strong, graded associations with children's physical health and behavior problems, whereas women's depressive symptoms were associated with children's delayed language and behavior problems.

*Conclusions:* Substantial persistence and comorbidity of women's health conditions exist after pregnancy with adverse effects on early child outcomes. Child health professionals should support services and policies that promote women's health outside the context of pregnancy.

[www.ajph.org/cgi/content/abstract/92/8/1312](http://www.ajph.org/cgi/content/abstract/92/8/1312)

#### **Prenatal and Early Childhood Nurse Visitation: Reducing Risks for the Development of Antisocial Behavior in Childhood**

[www.ncjrs.org/pdffiles/172875.pdf](http://www.ncjrs.org/pdffiles/172875.pdf)

### **Bonding & Attachment:**

#### **The Irreducible Needs of Children, What Every Child Must Have to Grow, Learn and Flourish: Brazelton and Greenspan**

Anti-social behavior cannot be explained by either the deprivation model which looks to social causes such as poverty, family breakdown, trauma, decaying morality, and lack of authority, nor her physiological model, which cites inborn differences in the function of the nervous system. Rather, it is the interaction of neurological deficits with environmental stresses, which in turn combine with certain types of early parent-child relationships, that increases the likelihood of antisocial behavior.



The key principle is that children learn from their relationships with us and they develop expectations from these relationships. Empathy for example, is taught not by telling children to be nice to others or to try to understand others, but by parents' having the patience to listen to children and children's feeling understood. Similarly, love can be described at length, but unless we've felt love, we may not have an emotional reference point to understand what it means.

*Temperament:*

There are many ways to describe variations in temperament or physiological patterns in children. Greenspan has described five common types: the active, aggressive child; the highly sensitive child; the inner-focused or self-absorbed child; the strong-willed child; and the child who has difficulties with attention. Each of these types of children requires parenting tailored to their particular tendencies and needs if they are to develop their particular strengths. The need to tailor experience to individual differences is particularly important in early *education*.

The child's temperament matters to the child, the family and the professional persons advising them in two principal ways: a) it contributes to parent-child interactions by making children respond to parental care giving with differing styles, and b) when there is a "poor fit" (incompatible interaction) with the care giving environment, it predisposes the child to a variety of clinical problems.

Temperament research: [www.dbpeds.org/section/fall97/temperament.html](http://www.dbpeds.org/section/fall97/temperament.html)

**Attachment Theory and Research**

Byron Egeland and Martha F. Erickson, University of Minnesota  
Edited from the *Zero to Three* Journal, October/November, 1999  
[www.zerotothree.org/Search/index2.cfm](http://www.zerotothree.org/Search/index2.cfm)

Dr. Stanley Greenspan: [www.stanleygreenspan.com](http://www.stanleygreenspan.com)

**U.S. breast-feeding rate soars:**

[www.usatoday.com/news/health/2002-12-01-feeding-usat\\_x.htm](http://www.usatoday.com/news/health/2002-12-01-feeding-usat_x.htm)

**Neglect & Abuse:**

A recent CDC report claims that Americans are at least 10 times more likely to be murdered on the day of their birth than at any other point in their lives. The CDC data also shows that the infanticide rate hits another peak on the sixth through the eighth week - when babies cry more persistently. About 89% of the known killers was female, typically the mother.  
[www.msnbc.com/news/720785.asp?Odm=C16QH](http://www.msnbc.com/news/720785.asp?Odm=C16QH)

As many as a third of Tarrant County infants and toddlers live in homes where someone was pushed, grabbed or shoved in front of the children. [www.unitedwaytarrant.org/Community/pdf/3family.pdf](http://www.unitedwaytarrant.org/Community/pdf/3family.pdf)

Tarrant County is experiencing a 34.61% increase in alleged child abuse/neglect since 1998.  
[www.tdprs.state.tx.us/Child\\_Protection/About\\_Child\\_Abuse/childfacts.asp](http://www.tdprs.state.tx.us/Child_Protection/About_Child_Abuse/childfacts.asp)

In the 1999 United Way of Metropolitan Tarrant County Community Assessment survey respondents were asked: have your children witnessed disagreements where someone was pushed, grabbed or shoved. Fully 37.1% of the respondents said yes. Respondents were then asked if any of the disagreements witnessed by children were reported to a law enforcement agency and 26.1% said yes. Additionally, when key community informants were asked to identify the top three family issues child abuse and neglect were identified by 75.9% of the respondents, with spouse abuse identified by 53.0% of the respondents.  
[www.unitedwaytarrant.org/Community/pdf/3family.pdf](http://www.unitedwaytarrant.org/Community/pdf/3family.pdf)

**Child Abuse and Neglect Fact Sheet**

[www.tdprs.state.tx.us/Child\\_Protection/About\\_Child\\_Abuse/childfacts.asp](http://www.tdprs.state.tx.us/Child_Protection/About_Child_Abuse/childfacts.asp)



**Ghosts from the Nursery: Tracing the Roots of Violence: Robin Karr-Morse and Meredith S. Wiley:**

The grim reality is that a growing percentage of our babies are now gestating in and being born into an environment perfectly designed to breed rage and despair (p.14).

While the causes of violence are highly complex and multifaceted, a growing body of scientific knowledge demonstrates that maltreatment during the nine months of fetal growth and the first twenty-four months after birth often leads to violent older children and adults (p.14).

The last three decades have provided us with research that brings to light a range of more subtle toxins profoundly influencing our children's earliest development: chronic stress or neglect, which affects the development of the fetal or early infant brain; early child abuse and neglect, which undermine focused learning; chronic parental depression; neglect or lack of the stimulation necessary for normal brain development; early loss of primary relationships or breaks in caregiving. These are the precursors of the growing epidemic of violence now coming to light in childhood and adolescence (p.14).

Dr. Allan Schore, of the Department of Psychiatry and Biobehavioral Sciences at the UCL School of Medicine, emphasizes that the maturation of the orbitofrontal system is experience dependent: it is directly influenced by the nature of the attachment relationship. The child's first relationship, typically with the mother, acts as a template for the imprinting of circuits in the child's developing, emotion-processing right brain. Schore believes that this is the biological root of the shaping of the individual's adaptive or maladaptive capacities to enter into all later emotional relationships. If Schore is right, an early relationship with an emotionally attuned primary caregiver who regulates the baby's physical and emotional states provides a growth-promoting environment for the infant's developing orbitofrontal cortex. Conversely, early experiences with an emotionally unresponsive or abusive caregiver can inhibit the maturation of this system. Schore concludes that a negative early relationship can lead to a lifelong limited ability, especially under stress, to regulate the intensity, frequency, and duration of primitive negative states such as rage, terror, and shame (pp.37-38).

**Bruce D. Perry, M.D., Ph.D.**

Dr. Bruce Perry, a Senior Fellow of the CIVITAS Initiative and a Professor of Child Psychiatry at the Baylor College of Medicine, states that at the time when a human's brain is most vital, and yet most vulnerable, our society contributes very little public attention and funding to nurture that great potential. However, as a society, we contribute greater and greater attention, and funding, to teens, adults, and the elderly who, had they had appropriate early-childhood experiences, might not require such costly intervention.

Listed below are four articles from Dr. Perry that provide a comprehensive background about the impact of neglect and abuse on young children:

**Trauma and Terror in Childhood: *The Neuropsychiatric Impact of Childhood Trauma***  
[www.childtrauma.org/CTAMATERIALS/trauma\\_and\\_terror.asp](http://www.childtrauma.org/CTAMATERIALS/trauma_and_terror.asp)

**The Impact of Neglect and Abuse on the Developing Brain**  
[http://teacher.scholastic.com/professional/bruceperry/abuse\\_neglect.htm](http://teacher.scholastic.com/professional/bruceperry/abuse_neglect.htm)

**Bonding and Attachment in Maltreated Children: *Consequences of Emotional Neglect in Childhood***  
<http://teacher.scholastic.com/professional/bruceperry/bonding.htm>

**Aggression and Violence: the Neurobiology of Experience**  
[http://teacher.scholastic.com/professional/bruceperry/aggression\\_violence.htm](http://teacher.scholastic.com/professional/bruceperry/aggression_violence.htm)



**Dr. Craig Ramey, Professor of Psychology, Pediatrics, Maternal and Child Health at the University of Alabama at Birmingham:**

States that the old belief that babies are born with all the neurons they will ever have has recently been challenged by scientists. When a baby's brain is stimulated by experiences, the brain cells respond by "sprouting" new appendages, called dendrites that resemble the roots of a tree. Dendrites send chemical messages to the dendrites of neighboring cells, and large chains of nerves develop as the brain's capacity for learning and memory increases. These connections proliferate in the first couple years of a child's life.

The creation of these neural connections follows a developmental schedule. Research shows that the visual cortex, the part of the brain responsible for vision, is one of the first to completely mature, as early as age one. The creation of connections in the prefrontal cortex takes up to three years.

The foundation for cognitive skills builds rapidly during the early years and then begins to level off. Research on language development shows that the interaction between mothers and infants 15-26 months of age is particularly important for later reading and academic performance. When mothers spoke frequently to their infants, their children learned almost 300 more words by age two than did their peers whose mothers rarely spoke to them.

Of significance to society is the fact that a core principle for infant brain development is the "use it or lose it" principle. Only those connections and pathways that are frequently activated are retained. Other connections that are not consistently used will be pruned or discarded so the active connections can become stronger.

*Of greater significance to society, however, is the fact that young children exposed to abuse and neglect not only fail to thrive, they quite often fail to develop at all.*

[www.circ.uab.edu/cpages/cramey1.htm](http://www.circ.uab.edu/cpages/cramey1.htm)

**ERIC Clearinghouse on Elementary and Early Childhood Education (Educational Resources Information Center from the US Department of Education):**

Even before a child is born, violence can have a profound effect upon its life. Studies show that battered, pregnant women often deliver low birth-weight babies who are at great risk for exhibiting developmental problems (Prothrow-Stith & Quaday, 1995). Shaken Baby Syndrome, the shaking of an infant or child by the arms, legs, or shoulders, can be devastating and result in irreversible brain damage, blindness, cerebral palsy, hearing loss, spinal cord injury, seizures, learning disabilities, and even death (Poussaint & Linn, 1997). The growing body of knowledge regarding early brain development suggests that "the ways parents, families, and other caregivers relate and respond to their young children, and the ways that they mediate their children's contact with the environment, directly affect the formation of neural pathways" (Shore, 1997, p. 4).

[www.ed.gov/databases/ERIC\\_Digests/ed424032.html](http://www.ed.gov/databases/ERIC_Digests/ed424032.html)

**Large Percentage Of Young Children Witness Violence**

A study by pediatricians at Montefiore Medical Center, Bronx, N.Y., found that 79 percent of children surveyed in inner-city pediatric clinics had witnessed violence first-hand, and 49 percent had been direct victims of violence. Of the 175 children surveyed, 19 percent had witnessed violent acts on repeated occasions. Two-thirds of boys and one-third of girls surveyed had been direct victims of violence. The average age of the surveyed children was 10.8 years; 53 percent were boys. The study was presented at the annual meeting of the Pediatric Academic Societies in New Orleans, May 1-5. For interviews during the meeting, contact the press room at (504) 670-8502 or 670-8508. Researchers' Institutional

Contacts: Anne Silverman, Axel F. Bang (718) 920-4011

University Of Maryland, Baltimore (<http://www.ab.umd.edu/>)

Jennifer Donovan, Science Information Officer

Phone: (410) 706-7946; Email: [jdonovan@oeamail.umaryland.edu](mailto:jdonovan@oeamail.umaryland.edu)

**Single Parent/Suicide mental health rates in children**

[www.msnbc.com/news/863260.asp?Odm=C12OH&cp1=1](http://www.msnbc.com/news/863260.asp?Odm=C12OH&cp1=1)



### **Socialization:**

#### **Preschool Social Skills More Critical than Academics:**

A new study suggests that children develop critical learning-related social skills - including independence, responsibility, cooperation and self-regulation - as early as age 3, and that those social skills are important for early academic success once children get to kindergarten.

<http://oregonstate.edu/dept/ncs/newsarch/2003/Jul03/preschool.htm>

#### **Maximizing Peer-Mediated Resources in Integrated Preschool Classrooms.(Statistical Data Included)**

[Topics in Early Childhood Special Education](#), Summer, 1999, by [Frank W. Kohler](#), [Phillip S. Strain](#)

[www.findarticles.com/cf\\_0/m0HDG/2\\_19/55149241/p1/article.jhtml](http://www.findarticles.com/cf_0/m0HDG/2_19/55149241/p1/article.jhtml)

#### **Preschool Play Predicts Behavior Problems**

The Journal of the American Academy of Child & Adolescent Psychiatry (1996;35:1331-1337)

[www.personalmd.com/news/a1996092403.shtml](http://www.personalmd.com/news/a1996092403.shtml)

#### **Recess and the Importance of Play: A Position Statement on Young Children and Recess**

National Association of Early Childhood Specialists in State Departments of Education

<http://ericps.ed.uiuc.edu/naecs/position/recessplay.html>

#### **Children's Social Behavior in Relation to Participation in Mixed-Age or Same-Age Classrooms**

<http://ecrp.uiuc.edu/v1n1/mcclellan.html>

#### **Social rejection may affect brain as much as physical pain**

[www.msnbc.com/news/978061.asp?vts=101020032006](http://www.msnbc.com/news/978061.asp?vts=101020032006)

#### **Brain hard-wired for empathy: study**

[http://story.news.yahoo.com/news?tmpl=story&cid=571&ncid=571&e=5&u=/nm/20031106/hl\\_nm/brain\\_empathy\\_dc\\_1](http://story.news.yahoo.com/news?tmpl=story&cid=571&ncid=571&e=5&u=/nm/20031106/hl_nm/brain_empathy_dc_1)

#### **The Development of Concern for Others in Children With Behavior Problems**

Developmental Psychology, 2000, Vol. 36, No. 5, 531-546

The development of concern for others and externalizing problems were examined in young children with normative, subclinical, or clinical levels of behavior problems. There were no group differences in observable concern for others at 4-5 years of age. Children with clinical behavior problems decreased significantly in their concern by 6-7 years of age and were reported to have less concern at 6-7 years by mothers, teachers, and the children themselves, relative to other groups. Boys with clinical problems were more callous to others' distress at both time points. Girls showed more concern than boys across risk, time, and measures. Greater concern at 4-5 years predicted decreases in the stability and severity of externalizing problems by 6-7 years, and greater concern at 6-7 years predicted decreases in the stability of problems by 9-10 years. Finally, maternal socialization approaches predicted later concerned responding.

[www.apa.org/journals/dev/dev365531.html](http://www.apa.org/journals/dev/dev365531.html)

### **Violent Entertainment:**

#### **Joint Statement on the Impact of Entertainment Violence on Children, July 26, 2000**

- American Academy of Pediatrics
- American Academy of Child & Adolescent Psychiatry
- American Psychological Association
- American Medical Association
- American Academy of Family Physicians
- American Psychiatric Association

[www.aap.org/advocacy/releases/jstmtevc.htm](http://www.aap.org/advocacy/releases/jstmtevc.htm)



**Violence As Entertainment Report,**  
**Crime Prevention Resource Center, Fort Worth, Texas July 26, 2000**

- The typical American child under eight spends an average of more than 38 hours a week consuming media outside of school. *Kids and the Media @ The New Millenium, Kaiser Family Foundation, November, 1999.*
- 32 percent of the children in the 2-7 year old age range have a TV in their bedroom. *Kids and the Media @ The New Millenium, Kaiser Family Foundation, November, 1999.*
- As U.S. marketers have known for a long time, and as large numbers of them have begun recently to act on, children are a future market that can be cultivated now so that when children reach market age they can more easily be converted into customers – hopefully into loyal customers. *James U. McNeal, Kids as Customers: A Handbook of Marketing to Children (New York: Lexington Books, 1992), p. 249.*
- Over 1000 studies, including a Surgeon General's specific report in 1972 and a National Institute of Mental Health report 10 years later, attest to a causal connection between media violence and aggressive behavior in some children. *Brandon S. Centerwall, "Television and Violent Crime", Public Interest, Spring 1993, pp. 63-64.*
- The chronic over activation of neurochemical responses to threat in the central nervous system, particularly in the earliest years of life, can result in lifelong states of either dissociation or hyper arousal. In the case of hyper-arousal, over development of the stress response systems in the brainstem and mid-brain alters the development of the higher cortical functions, creating a predisposition to behave in aggressive, impulsive, and reactive ways. *Robin Karr-Morse and Meredith S. Wiley, Ghosts from the Nursery (The Atlantic Monthly Press, 1997), page 168.*
- The phenomenon known as habituation also operates when it comes to violence. The greater the level of detachment and numbing, the more of the stimulus is needed to bring about what marketing strategists call arousal and, in turn, to produce whatever pleasure the activity can bring. Neurological research is shedding new light on neural mechanisms by which stimulation affects viewers' appetites, and the processes leading from initial pleasure to attachment to reiteration and, finally to addiction. *Sissela Bok, Mayhem: Violence As Public Entertainment (Reading, Massachusetts: Perseus Books) 1998, p. 80.*
- Children are exposed to severe and chronic violence at increasingly younger ages. *JE Richters and P Martinez. The NIMH community violence project: I. Children as victims of and witnesses to violence. Psychiatry, 56:7-21 (1993).*
- Exposure to violence is the most influential contributor in explaining children's violent behaviors in elementary and middle school children. *Mark Singer, PhD, David Miller, PhD, Shenyang Guo, PhD, Daniel Flannery, PhD, Tracy Frierson, PhD and Karen Slovak, PhD. Contributors to Violent Behavior Among Elementary and Middle School Children. Pediatrics, vol. 104, no. 4, part 1, 878-84 (1999).*

**Effects of Reducing Children's Television and Video Game Use on Aggressive Behavior**

Archives of Pediatrics and Adolescent Medicine [www.archpediatrics.com](http://www.archpediatrics.com)

Researchers at Stanford University conducted a study with third- and fourth-grade students to test the effects of reducing television, videotape, and video game use on children's aggressive behavior and their perceptions of a mean and scary world. Dr. Thomas Robinson of the Stanford Center for Research in Disease Prevention and his colleagues concluded from their 2001 study that aggressive tendencies in elementary school children can be reduced by cutting back on television viewing and video game playing.

Two socio-demographically and scholastically matched elementary schools were chosen for the study. One of the schools was randomly chosen to participate in a 18-lesson, 6-month classroom curriculum designed to reduce television, videotape, and video game use while the students in the other school served as a control group. Students at both schools participated in pre- and post-test measurements designed to assess other children's aggressive behavior and



their own perceptions of a mean and scary world. In addition, parents were interviewed by telephone, and a random sample of students was observed for physical and verbal aggression on the playground.

**Researchers Warn Parents of Violence in G-Rated Movies:**

*Violence In G-rated Animated Films*, May 24, 2000, Journal of the American Medical Association [www.ama-assn.org](http://www.ama-assn.org)  
Researchers at Harvard have found that there is a significant amount of violence in G-rated animated movies. Kimberley Thompson, an assistant professor of risk analysis at the Harvard School of Public Health, and Fumie Yokota, a Harvard doctoral student, looked at 74 G-rated movies available on video and discovered that in 50 percent of the films at least one character was killed, and in 62 percent of the films, at least one character was injured. Thompson and Yokota caution that by portraying violence as light or funny, the films send a message that violent acts by good or neutral characters are not so serious, and possibly desensitize children to violence. The researchers advise parents to be aware of the content of G-rated movies, and to screen them beforehand or watch them with their children so they can discuss the content. Thompson and Yokota also recommend that the Motion Picture Association of America consider changing its rating system to include more detail on the content of G-rated films.

**FTC Report on the Marketing of Violent Entertainment to Children, September 11, 2000**

[www.ftc.gov/opa/2000/09/youthviol.htm](http://www.ftc.gov/opa/2000/09/youthviol.htm)

**Violent Video Games and Brain damage**

[www.upi.com/view.cfm?StoryID=20021202-045734-4004r](http://www.upi.com/view.cfm?StoryID=20021202-045734-4004r)

**Adult aggression, children's TV tied**

[www.msnbc.com/news/882914.asp](http://www.msnbc.com/news/882914.asp)

**General:**

**Time Magazine, December 7, 2003: Does Kindergarten Need Cops?**

[www.time.com/time/magazine/article/0,9171,1101031215-556865,00.html](http://www.time.com/time/magazine/article/0,9171,1101031215-556865,00.html)

**Up to one fifth of the world's children have mental or behavioural problems**

World Health Report 2001, Mental Health: New Understanding, New Hope

[UN Chronicle](http://www.un Chronicle), June-August, 2002, by [Katrin Eun-Myo Park](http://www.un Chronicle)

[www.findarticles.com/cf\\_0/m1309/2\\_39/91088423/p1/article.jhtml](http://www.findarticles.com/cf_0/m1309/2_39/91088423/p1/article.jhtml)

**Report of the Surgeon General's Conference on Children's Mental Health: *A National Action Agenda***

[www.surgeongeneral.gov/topics/cmh/childreport.htm](http://www.surgeongeneral.gov/topics/cmh/childreport.htm)

- Problem behavior that begins in early childhood gradually escalates to more violent behavior, culminating in serious violence before adolescence. The early-onset group (children), in contrast to the late-onset group (adolescents), is characterized by higher rates of offending and more serious offenses in adolescence, as well as by greater persistence of violence from adolescence into adulthood (*reviewed in Stattin & Magnusson, 1996, and Tolan & Gorman-Smith, 1998*).
- The National Youth Survey shows that nearly 13 percent of male adolescents in the early-onset trajectory engaged in violence for two or more years, compared to only 2.5 percent in the late-onset trajectory (*Tolan & Gorman-Smith, 1998*).
- Between 20 and 45 percent of boys who are serious violent offenders by age 16 or 17 initiated their violence in childhood (*D'Unger et al., 1998; Elliott et al., 1986; Huizinga et al., 1995; Nagin & Tremblay, 1999; Patterson & Yoerger, 1997; Stattin & Magnusson, 1996*).



- A higher percentage of girls who were serious violent offenders by age 16 or 17 (45 to 69 percent) were violent in childhood (*Elliott et al., 1986; Huizinga et al., 1995*).
- The youths who commit most of the violent acts, who commit the most serious violent acts, and who continue their violent behavior beyond adolescence begin during childhood (*Loeber et al., 1998; Moffitt, 1993; Tolan, 1987; Tolan & Gorman-Smith, 1998*).

#### **Trends in the Prescribing of Psychotropic Medications to Preschoolers:**

*Journal of the American Medical Association. 2000;283:1025-1030*

*Julie Magno Zito, PhD; Daniel J. Safer, MD; Susan dosReis, PhD; James F. Gardner, ScM; Myde Boles, PhD; Frances Lynch, PhD*

**Context:** Recent reports on the use of psychotropic medications for preschool-aged children with behavioral and emotional disorders warrant further examination of trends in the type and extent of drug therapy and socio-demographic correlates.

**Objectives:** To determine the prevalence of psychotropic medication use in preschool-aged youths and to show utilization trends across a 5-year span.

**Design:** Ambulatory care prescription records from 2 state Medicaid programs and a salaried group-model health maintenance organization (HMO) were used to perform a population-based analysis of three 1-year cross-sectional data sets (for the years 1991, 1993, and 1995).

**Setting and Participants:** From 1991 to 1995, the number of enrollees aged 2 through 4 years in a Midwestern state Medicaid (MWM) program ranged from 146,369 to 158,060; in a mid-Atlantic state Medicaid (MAM) program, from 34,842 to 54,237; and in an HMO setting in the Northwest, from 19,107 to 19,322.

**Main Outcome Measures:** Total, age-specific, and gender-specific utilization prevalences per 1000 enrollees for 3 major psychotropic drug classes (stimulants, antidepressants, and neuroleptics) and 2 leading psychotherapeutic medications (methylphenidate and clonidine); rates of increased use of these drugs from 1991 to 1995, compared across the 3 sites.

**Results:** The 1995 rank order of total prevalence in preschoolers (per 1000) in the MWM program was: stimulants (12.3), 90% of which represents methylphenidate (11.1); antidepressants (3.2); clonidine (2.3); and neuroleptics (0.9). A similar rank order was observed for the MAM program, while the HMO had nearly 3 times more clonidine than antidepressant use (1.9 vs 0.7). Sizable increases in prevalence were noted between 1991 and 1995 across the 3 sites for clonidine, stimulants, and antidepressants, while neuroleptic use increased only slightly. Methylphenidate prevalence in 2 through 4-year-olds increased at each site: MWM, 3-fold; MAM, 1.7-fold; and HMO, 3.1-fold. Decreases occurred in the relative proportions of previously dominant psychotherapeutic agents in the stimulant and antidepressant classes, while increases occurred for newer, less established agents.

**Conclusions:** In all 3 data sources, psychotropic medications prescribed for preschoolers increased dramatically between 1991 and 1995. The predominance of medications with off-label (unlabeled) indications calls for prospective community-based, multidimensional outcome studies.

#### **New Options for ADHD**

[www.msnbc.com/news/966325.asp?0cb=-d1e154894](http://www.msnbc.com/news/966325.asp?0cb=-d1e154894)

#### **Kids and Depression: Living Beyond Sadness**

[www.msnbc.com/news/966378.asp?0cb=-a1e154894](http://www.msnbc.com/news/966378.asp?0cb=-a1e154894)

#### **Troubled Souls: Mental illnesses are so complex in children that health-care professionals can't always detect them**

[www.msnbc.com/news/965746.asp?0cb=-91e154894](http://www.msnbc.com/news/965746.asp?0cb=-91e154894)

#### **Are psychiatric drugs overused?**

[www.msnbc.com/news/890143.asp?0dm=C16H](http://www.msnbc.com/news/890143.asp?0dm=C16H)

#### **Mental health care for kids varies widely by state**

[www.usatoday.com/news/health/2003-10-05-kids-healthcare-usat\\_x.htm](http://www.usatoday.com/news/health/2003-10-05-kids-healthcare-usat_x.htm)



**Loud noise may affect development**

[www.msnbc.com/news/901895.asp?0dm=C1APH](http://www.msnbc.com/news/901895.asp?0dm=C1APH)

**Incriminating developments: scientists want to reform the study of how kids go wrong:**

[Science News](#), Sept 5, 1998, by Bruce Bower

[www.findarticles.com/cf\\_0/m1200/n10\\_v154/21239462/p1/article.jhtml](http://www.findarticles.com/cf_0/m1200/n10_v154/21239462/p1/article.jhtml)

**Strollers, Good for Moms, Bad for Children**

[www.dfw.com/mld/dfw/living/6996540.htm](http://www.dfw.com/mld/dfw/living/6996540.htm)

**Resources:**

**Infants, Toddlers and Preschoolers with Challenging Behaviors:**

11 pages of annotated bibliography of articles on this topic.

[www.ctserc.org/library/actualbibs/infantstoddlers.PDF](http://www.ctserc.org/library/actualbibs/infantstoddlers.PDF)

**Promising Practices Network:** Increase the percentage of children 0-5 who exhibit age-appropriate mental and physical development

[www.promisingpractices.net/benchmark.asp?benchmarkid=26](http://www.promisingpractices.net/benchmark.asp?benchmarkid=26)

**Promising Practices for Early Childhood Mental Health**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_practices.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_practices.htm)

**Center for Evidence-Based Practice: Young Children with Challenging Behavior**

<http://challengingbehavior.fmhi.usf.edu/index.html>

**Funding Early Childhood Mental Health Services & Supports**

March 2001

[www.georgetown.edu/research/qucdc/fundingpub.html](http://www.georgetown.edu/research/qucdc/fundingpub.html)

**Starting Early Starting Smart:**

Starting Early Starting Smart (SESS) is a program that seeks to help children in high-risk settings during their formative years (from birth to age 7). Grantees evaluate ways of working with parents or caregivers who are at risk for behavioral health problems. Some of the most promising practices and early lessons learned in the SESS programs are documented in this booklet.

[www.jointogether.org/sa/resources/database/reader/0,1884,549217,00.html](http://www.jointogether.org/sa/resources/database/reader/0,1884,549217,00.html)

**Assessment of Infant and Toddler Mental Health: Advancing A Research Agenda By Integrating Basic and Clinical Approaches**

[www.nimh.nih.gov/childhp/infmtgagd.htm](http://www.nimh.nih.gov/childhp/infmtgagd.htm)