The Reciprocal Relationship between Young Children with Severe Emotional & Behavioral Difficulties and Parenting Stress & Strain

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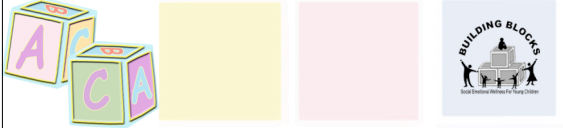Tim Marshall, LCSW, Connecticut Department of Children & Families

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Background

- Systems of care for children with severe emotional and behavioral difficulties have traditionally served a school-aged population (Manteuffel, Stephens & Santiago, 2002).

- There is clear evidence that intervening with emotional and behavioral difficulties begin to emerge makes a significant difference in both the cost of an intervention and its probable success (Strain & Timm, 2001; Kazdin, 1995).

- Research has shown that early childhood services that include home visiting and parenting education result in parents who are able to be more emotionally supportive and have more positive interactions with their children (Love, et al, 2002).

- Although there is a growing literature on the impact of child emotional and behavioral difficulties on caregiver strain (Taylor-Richardson, et al., 2006) this reciprocal relationship has not been examined in families with children under the age of 6.

What is Building Blocks?

Building Blocks is an early childhood system of care that provides services and supports to families, with children under six, with social emotional challenges, in Southeast Connecticut

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Which is. . .

- Part of the Southeast Mental Health System of Care (SEMHSOC)

- A Federal grant through the Substance Abuse and Mental Health Service Administration (SAMHSA)

- The largest children's mental health services initiative to date (over $1.06 billion since 1993; $105 million FY 2006)

- 1 of 7 early childhood system of care sites nationwide funded in 2005 by SAMHSA

Building Blocks Goals

Provide comprehensive in home and community based services for families with children under six, with social emotional challenges

Expand the existing system of care to increase capacity and expertise in early childhood mental health

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Eligibility for Building Blocks Services

Federal standards:
- DSM IV Diagnosis
  - For Infants to 3: DC O-3R crosswalk
- More than 1 service provider
- Disability / diagnosis will be impacting the child and family for more than 1 year
- Disturbances in three areas of life (home, school, and community)

Building Blocks Services

- Team approach
  - Early Childhood Mental Health Partner (masters level clinician)
  - Family Partner (peer support)
- Care coordination - work with existing providers develop new resources
- Provide in home services using Positive Behavioral Supports (PBS)
- Child and Family Teams (Wraparound Process)– work with the family to identify formal and natural supports

Intervention

- Treatment
  - Positive Behavioral Supports
  - Parent-infant psychotherapy
    - Dyadic play & developmental guidance
  - Individual psychotherapy with emphasis on infant mental health
    - Postpartum depression & anxieties
    - Maternal depression
  - Crisis Intervention
  - Broker for infant/young child assessments

Family Support

- Develop advocacy skills
- Assistance in navigating through multiple systems
- Resource provision
- Assistance with entitlements
- Assistance with education & vocational goals
- Case Management
- Legal / Court Systems
- Assistance in developing problem solving skills
- Child & Family Team Meetings

Family Support

- Parent Support Groups (peer to peer)
- Youth Leadership Group
- Parent Toddler Play Group
- Education & Awareness training

Methods

- All Building Blocks families are invited to participate in the longitudinal outcome study, to date 87 percent (n=55) have agreed to do so.

- Data to be reported was collected from families at entry into services.

- Data was collected by core evaluation team members during a semi-structured interview with the child's primary caregiver.

- Families received a $40 gift card at the end of the interview.

Sample

- The children enrolled in Building Blocks average 3.3 years (SD= 1.2).

- Seventy-five percent of the population are boys.

- Fifty-nine percent are Caucasian, 18 percent Biracial, 9 percent African American. Twenty-two percent of the population is Latino.

- Nearly 60 percent of the families are self-referred and referral reasons include: disruptive behavior (80%), excessive crying/tantrums (33%), persistent non-compliance (20%); and, exclusion from pre-school or childcare (8%).

- Two-thirds of children live in homes with 2 adults (half with both biological parents); 16 percent with a single parent and another 16 percent in another living situation (e.g., grandparent or foster care).

Measures

- Demographic and Descriptive Characteristics:
  - Child: age, gender, race/ethnicity.
  - Family: household income, residential stability, who the child lives with.
- Child Outcomes:
  - *Child Behavior Checklist for Ages 1.5-5* (CBC1.5-5; Achenbach & Rescorla, 2000).
  - *Brief Infant-Toddler Social Emotional Assessment* (BITSEA; Briggs-Gowen & Carter, 2006)
  - *Devereux Early Childhood Assessment Clinical Scale* (DECA-C; LeBuffe & Naglieri, 1999).
- Family Outcomes:
  - *Caregiver Strain Questionnaire* (CGSQ; Brannan, Heflinger & Bickman, 1997).
  - *Parenting Stress Questionnaire – Short Form* (PSI-SF; Abidin, 1995).
  - *Center for Epidemiology Depression Scale* (CES-D; Radloff, 1977).

Data Analytic Strategy

- Multiple linear regression analyses was utilized to investigate the relationships between child symptoms and caregiver, stress, strain and depression.

- Three multiple regression analyses were conducted for each of the parent/caregiver outcomes.

- Preliminary analyses revealed no violations of normality and 1 case was missing race/ethnicity.

Hypothesis 1 – Caregiver Strain

Predicting Baseline Caregiver Strain:
- Child problem behavior and social emotional challenging behavior will predict caregiver strain after controlling for Child Demographics and Family Demographics.

Results:
- The overall regression predicting caregiver strain was significant (p<.001).

- Only externalizing behavior was a significant predictor of caregiver strain (p<.001).

- The direction of the relationships indicates that more externalizing behavior problems were associated with more caregiver strain.

Hypothesis 2 – Parenting Stress

Predicting Baseline Parenting Stress:
- Child problem behavior and social emotional challenging behavior will predict parenting stress after controlling for Child Demographics and Family Demographics.

Results:
- The overall regression predicting caregiver strain was significant (p<.001).

- Internalizing problems approached significance at the trend level (p=.105).

- Externalizing behavior was a significant predictor of parenting stress (p<.001).

- Additionally, higher scores on the DECA-C (more strengths) were related to lower levels of parenting stress (p<.05).

Hypothesis 3 – Maternal Depression

Predicting Baseline Maternal Depression:
- Child problem behavior and social emotional challenging behavior will predict maternal depression after controlling for Child Demographics and Family Demographics.

Results:
- Although the overall regression predicting maternal depression was significant (p<.05), none of the predictors were significant.

Summary

- The data presented highlights the reciprocal relationship between child functioning and parenting stress and strain.

- There is a need to focus on family level interventions when working with an early childhood population who evidence severe emotional and behavioral difficulties more specifically it appears that helping caregivers to cope with child externalizing behaviors could be particularly helpful.

- Building Blocks which combines Positive Behavioral Supports with Family Advocacy and Support is a promising method to achieve these outcomes.

For general information:

(860) 434-4275

www.buildingblocksct.org

Employment Opportunities
Bilingual Early Childhood Mental Health Partner
Youth Involvement Coordinator