

Testimony- Kelly Olson

Chairman Hogan and members of the Human Service Committee, thank you for this opportunity to discuss children behavioral health needs in North Dakota. My name is Kelly Olson and I am the Division Director of Behavioral Health Services at The Village Family Services Center. I am a Marriage and Family Therapist and have 16 years of experience working with children, families, and individuals. Over the course of my career, I have learned how important early childhood mental health work is in the future of our children, families and communities and have committed my career to furthering my education and training in order to provide one of our most vulnerable populations with the highest degree of service and expertise. To do so, I have received specialized training in early childhood treatment models such as Parent Child Interaction Therapy (PCIT), Trauma-Informed Child Parent Psychotherapy (TI-CPP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Diagnostic Classification of Mental Health Disorders in children ages birth to 5 (DC-03).

I would like to begin by discussing some common questions that I am frequently asked regarding mental health issues in preschool children.

What do mental health issues look like in preschool children?

Mental health for children birth to 5 years old is defined by the child's ability to master core developmental tasks such as learning to regulate their emotions, form close relationships, and learn and explore their environment. For some children, these tasks may be impacted by stressors from within the child or external to the child. An example of an internal stressor may be a child's difficulty in managing different stimulus. They may become overwhelmed when confronted with loud noises, may scream at being touched, or may dislike wearing certain types of clothing. When a young child is faced with these challenges, the common tasks of dressing your child, picking them up to be held, and taking them to the store often become battles

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between the child and caregiver and results in stress and tension in the parent-child relationship. External stressors can also impact a child's mental health. An example of an external stressor is a child's relationship with their parent changing. Some common changes I see in my work are due to a parent changing jobs, which results in them being away from the home more, a parent being deployed, divorce, the parents own mental health deteriorating, loss of custody due to child protection concerns, illness of the parent and/or death. The child may become clingy, refuse to leave the home, unwilling to attend activities without a parent, and may exhibit problems with sleep or toilet training. Some other common issues that contribute to mental health concerns are: divorce, loss of a parent, sensory issues, trauma (flood, fire, car accident), neglect, abuse, parent-child stress and issues with peers or siblings.

#### How does it manifest?

Sometimes children are born with issues that can impact their developmental trajectory, while other times children experience incidences in early life. Let's examine my earlier example of the child that becomes overwhelmed with different stimulus. Without intervention, this child will have significant difficulty attending daycare, preschool or school. Additionally, it is important to not forget about the family impact of these behaviors. Parents become avoidant to bringing their child to everyday activities or places because of the stress it puts on both the child and parent when the child is constantly wanting to take off their socks and shoes at the playground, or scream when you buckle them in to the shopping cart at the grocery store, or are aggressive towards their peers at daycare. Over time the parent-child relationship becomes conflicted and exhausted, which in turn negatively impacts the child's development as well as both the child and parents overall well-being. Below is an excerpt taken from a testimony given

by two parents who came to The Village looking for help for their child, who was exhibiting issues similar to those previously described:

*Apollo is 5. He's smart, energetic, and outgoing. He plays hard and has a smile that can melt your heart. But Apollo was really struggling for a while. Early on, his parents, Tina and Ben, noticed that Apollo picked up on sounds and smells more than the typical child. He just seemed to be more sensitive to his environment. They didn't make much of it.*

*But, then, his parents started getting reports from his daycare provider that Apollo was melting down, crying and screaming.*

*"It was frustrating and scary," Tina said.*

*Even so, in terms of learning, he did well.*

*"Knowledge-wise he was excelling," Tina said. "When it would come to toys like puzzles, quiet activity toys, he would just thrive."*

*But when things got busy -- lots of noise, lots of activity -- things seemed to fall apart.*

*The problems spilled over into life at home as well. Mornings could be miserable as Apollo began melting down before heading to daycare.*

*It was almost as if he was having anxiety going into his day at daycare," Tina said.*

*They got lots of well-intentioned "diagnoses" from friends and family. ADHD was suggested. Some said "boys will be boys." A plain old case of the terrible twos was suggested.*

*But none of that seemed right. Because of Apollo's behavior, they were asked to leave their daycare. So they found a new place for him. But the problems continued there. Ben and Tina didn't know what to do. They were worried about Apollo, and the situation was wearing on Apollo too.*

*"It really felt like we were swinging in the dark for the longest time," Ben said, "knowing there was something going on."*

This testimony exemplifies the parental perspective when dealing with mental health issues.

See the following video link for Apollo's full story:

<https://www.youtube.com/watch?v=eWTbsxirQXk>

How to screen/assess/treat?

Screeners-There are many providers throughout the state that are using screeners such as the

ASQ-SE, Brigance, or other screeners. These screeners are a good way to give a "quick" look to

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see if further assessment is needed. If a child exhibits an escalated score, further assessment is needed.

Assessment- A full comprehensive assessment exploring the child's developmental capacity in more than one environment and within the context of more than one relationship is critical to understanding mental health issues. Critical components must examine the child's ability to actively be engaged, form mutual relationships, use of communication, and expressing thoughts and feelings.

Treatment-Treatment should consist of some individual work with the child, individual work with the parent, but primarily parent-child therapy is preferred.

Some presenting issues-

**Screeners-** Not every provider is using the same screeners. This creates problems for coordination and for continuity of treatment. We need providers using the same screening tools to ensure the accuracy of the results, increase the ease of communication between providing agencies, and to promote the ability to clearly measure change and the child's progress towards returning to the developmental trajectory for a child their age.

**Assessment-**

- 1) Trained providers- there are not enough trained providers in ND to complete these assessments. There is also a lack of providers with specialized training in mental health issues for very young children.
- 2) There is no system of reimbursement for this extensive and comprehensive of an assessment.

**Treatment-**

- 1) There is a lack of providers in ND that have received specialized training or knowledge of children birth to 5.

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2) There is a lack of specialized training provided throughout the state in evidence-based models of therapy, specifically developed for children ages 0-5 years that are experiencing mental health concerns.

In closing, I would like to thank you for the opportunity to testify on behalf of the parents and children of North Dakota. Please feel free to contact me with further questions.

Sincerely,

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