

"Happy & Healthy Children & Families Living in Caring Communities"

Hawaii Child & Adolescent Service System Principles

1. The system of care will be child and family-centered and culturally sensitive, with the needs of the child & family determining the types and mix of services provided.
2. Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational, and developmental needs.
3. Family preservation and strengthening along with the promotion of physical and emotional well being shall be the primary focus of the system of care.
4. Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.
5. Services which require the removal of the child from his/her home will be considered only when all other options have been exhausted, and services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.
6. The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of the points of entry.
7. Families or surrogate families will be full participants in all aspects of the planning and delivery of services.
8. As children reach maturity, they will be full participants in all aspects of planning and delivery of services.
9. Early identification of social, emotional, physical, and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.
10. The rights of children will be protected and effective advocacy efforts for children will be promoted.

CONTENTS:

DJ's Story (17 min)

- Introduction
- Behaviors & Family Partnering
- Negotiating Transitions
- Hopes & Dreams

Executive Producers:

Sharon Taba, MEd
Lynn B. Wilson, PhD

Medical Home Works!

aims to increase capacity in developing community-based partnerships between families, physicians, and community agencies to address the needs of all children, particularly children with special needs. **Family Story Videos** provide brief family stories to stimulate discussion, learning and implementation of strategies and systems that work!

DJ's Story Production Team Sends Special Thanks to:
Kathy & Dan Ulrich, Susie Ota, Vince Yamashiroya, Manu Anana,
Chris Jackson, Carmelita Minami

Clinical expertise on the social and emotional issues provided by
Mary Brogan, MEd
Ramona G. Chinn, PhD, APRN
Scott Shimubakuro, PhD, ABPP
Lesley A. Slavin, PhD
Daniel Ulrich, MD
John O. Viesselman, MD

Special Acknowledgements:

Calvin C. J. Sia, MD, FAAP
Louise Iwashii, MD, FAAP
Chiyoame L. Fukino, MD
Christina M. Donkervoet, MSN, APRN
Sandra M. Pak, MPH

Support provided by:

**Hawaii State Department of Health
Child & Adolescent Mental Health Division**



Video and related materials were developed under grant # 06B1HICMHS from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not reflect those of SAMHSA and HHS.

For information on Mental Health in Early Childhood in Hawai'i contact:

**Child & Adolescent Mental Health Division
Hawaii State Department of Health**

3627 Kilauea Avenue, Room 101, Honolulu, Hawai'i 96816
Telephone: 808.733.9333 Toll Free: 800.294.5282

For information on Medical Home Works! and Family Story Videos contact:

Sharon Taba, Project Director, Medical Home Works!
c/o Department of Pediatrics, John A. Burns School of Medicine
University of Hawai'i at Manoa
1319 Punahou Street, Seventh Floor, Honolulu, Hawai'i 96826
Telephone: 808.983.8387, Email <sharon@medicalhomeworks.net>

Related Resources:

- www.hawaii.gov/health/mental-health/camhd - Child & Adolescent Mental Health Division, Hawaii State Department of Health
- <http://gucchd.georgetown.edu> - Georgetown University Center for Child and Human Development
- www.brightfutures.org - Bright Futures, Georgetown University

Video Production & Post Production: WEBfish Pacific, Honolulu, Hawai'i

Graphics Design: WEBfish Pacific, Honolulu, Hawai'i

Hawaii State Department of Health © 2007 All Rights Reserved

Viewer's Guide

Child & Adolescent Mental Health Division
Hawaii State Department of Health
and
Medical Home Works!

present



Family Story Videos

Series 2

**Social & Emotional Issues
in Early Childhood**



DJ'S STORY

Parents' concerns for DJ's behaviors began at 18 months. With an older brother who has autism, concerns for DJ's behaviors increased. DJ's high energy, heavy sensory experiences and tantrums, with few self-calming behaviors, escalated in unstructured situations. The pediatrician and early intervention care coordinator supported the family through referrals, evaluations, assessments and occupational therapy at 2 and 3 years. In transitioning out of early intervention services, the appropriate placement for DJ was not clear. The family and their partners worked intensely to determine the best solution-- DJ is currently enrolled at the same Head Start inclusion class at the same school his brother had attended.

Principal Partners

- Family: Dan and Kathy Ulrich. Dan is a pediatrician/psychiatrist and is Clinical Director, Central Oahu Family Guidance Center, Child and Adolescent Mental Health Division
- Early Intervention Care Coordinator: Susie Ota, LSW
- 619 Special Education Coordinator: Manu Anana, MEd
- Head Start Health & Disabilities Manager: Chris Jackson, MEd
- Pediatrician: Vince Yamashiroya, MD
- DOE Elementary School Principal: Carmelita Minami, MEd

Social & Emotional Issues: Question

With behavioral issues in young children, there are rarely clear cut categories. How can we support a high energy child, keep him safe, while meeting his particular needs for learning and development?

Learning Objectives

- Understand early childhood transition-to-school issues affecting the family and community partners when a child has overactive issues.
- Identify key community-based resources that benefit or limit health, education, and social support for the child's optimal transition to school.
- Analyze early childhood inclusion options that represent low cost/high impact strategies benefiting the child, family provider, and community.

Learning Points Suggested by Providers

- **Sensory Integration Dysfunction.** Children with sensory integration dysfunction have difficulty processing information from the senses (touch, movement, smell, taste, vision, and hearing), sometimes leading to problems with a child's development and behavior. (See www.webMD.com)
- **For the family, being "heard" is important.** The pediatrician's screening for behaviors did not reveal significant issues, but the parents' concerns led to a referral to early intervention. The early intervention social worker served as a consistent sounding board for the parents which led to additional assessments and therapeutic options. During transition to preschool, by "listening to the heart of the family," the school principal enabled the team to reach the most appropriate solution for the family.
- **Understanding children in the context of families** is key to professionals appropriately assessing the children's behaviors. In DJ's case, providers understood his brother's autism might signal a genetic relationship to DJ's social and emotional issues. Behavioral specialists understood that DJ's behaviors may have developed within patterns of relating to his brother and to his parents as they addressed his brother's autism.
- **Transition** from early intervention services, which serve children birth to three with special needs, to preschool may require periods of negotiation between families and providers to 'try things out.' Using strength-based approaches, skilled providers can support families to meet the family's ever-changing needs as their children grow.
- **"Inclusion" is a strategy** that places young children with special needs in an early learning program with typically-developing peers. Head Start has developed a model nationwide for implementing inclusion programs for 3-5 year olds on elementary school campuses and other locations.



Learning Points Suggested by Families

- **Social and emotional skills** learned in childhood provide a strong foundation for early learning. Children who have had positive social and emotional experiences during their early years (0-5 yrs) tend to do better in school.
- **Family-centered care** means that professionals work with families as partners. In DJ's case, health professionals worked with the family, respecting the family's observations and opinions throughout the process of assessment, referral, and services.
- **Parents must be advocates** on behalf of their children. It is essential that parents share their concerns with supportive professionals, even if families do not have the language to describe their concerns in professional terms. Even highly educated families need practice speaking up until their concerns and wishes are understood.
- **The structure of activities and physical layout** of preschool programs can often be modified to promote positive behaviors. Programs that promote quality improvements are more in tune with creating positive environments that, in turn, support positive behaviors.
- **Professional training** for early education, family support and health providers can raise the quality of professional support for all children related to social and emotional issues, not just those identified with "challenging behaviors." Topics include family-centered care, early childhood development, partnering within inclusion settings, and locating appropriate specialists and community resources.