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Mental Health in Our Schools - Early Intervention and School-Based Services:

Hello, my name is Cortney Slobodnjak, I am a Licensed Clinical Mental Health Counselor and Nationally Certified Counselor. I am in private practice in Southern Vermont, specializing in the treatment of children and adolescents, as well as consulting with and for families. I also work with the Windsor County Headstart Program as the Child Development Support Specialist and Practice-Based Coach serving young children in Windsor County. In this capacity we serve preschoolers between the ages of 3 -6, provide a comprehensive educational experience which includes health and wellness and nutrition for children as well as supportive measures to help their families also achieve personal goals.

In addition, I serve as the President of the Vermont Mental Health Counselors Association, the professional association in Vermont for licensed clinical mental health counselors.

I have been passionately immersed within the education system for 20 years. I have worked as an infant and toddler lead teacher, preschool teacher, an essential early education teacher providing home visit services and in school services for children who have developmental disabilities, cognitive delays and speech and language needs. I also worked as the Student Assistance Professional in a local high school, providing drug and alcohol prevention services and coaching to adolescents, and parents, as well as producing educational community events around prevention.

I have worked for a number of years as a school-based Clinician in our local elementary school. During that time I was the leader of our collaborative student support team, worked with our trauma-informed schools cohort to help our district become trauma-transformed, and served on our district-wide Crisis Response team: providing both crisis planning and response to schools who were experiencing an array of crisis in their communities. I also consider myself a regional stakeholder in our local ACE's committee.

Through the years I have learned and experienced the pros and cons of the public education system, as well as any federally-funded school program, whether it is a pre-k program, or the many programs in schools that have federal backing and/or conditions and criteria.

Why I am here:

There are two reasons that surface to the top of the list in regards to how the educational system impacts mental health, and the investments that we make or don't make in these systems.

1.) My position as a school-based clinician and as an early educational mental health consultant was majorly funded by Special Education monies. Because of this funding, my position was mandated to provide services to children whose Individualized Education Plan (IEP) included counseling on their service page. Most of the time, a child who had counseling on their service page either had a primary diagnosis of Emotional Disturbance, Other Health Impairment or had an apparent and proven need for counseling in order to access their education.

The benefits of having a school-based clinician:

- Students receiving therapy who otherwise might not.

- Collaboration across groups of support teams (such as MTSS).
- Communication across support services to better understand children's needs, and help teachers to approach their classroom management and design in a way that is trauma-informed.
- Better and more immediate noticing and reporting of concerning home conditions such as: domestic violence, lack of food, abuse, neglect, substance abuse.
- Therapy in school does not require transportation costs for parents, or scheduling outside of the school day.
- The ripple effect of children being treated and supported within a safe and immediate environment is qualitatively positive.
- The financial cost of services to a school district would in theory go down over the primary years when children are supported and provided with interventions early on.
- When children entering Kindergarten are wrapped around by services and providers across the developmental areas, including counseling, they are more likely to:
  - have a positive school experience
  - build positive relationships with peers and adults at school
  - access more of their education early on, creating foundational academic skills and concepts
  - learn and absorb emotional regulation techniques, increase their emotional IQ, and
- over time, in my experience, need less services because of the early intervention approach.

The struggles of a school-based clinician:

-A child may prove evident that they are in need of counseling, their families may not have the means to get them to counseling, and the impact of their mental health needs are evident at school. However, even when all of these things are true, at times, because of the source of the funding (ie: Special Education) it creates an unintended group of children who are excluded from accessing these services, simply because they do not have an IEP. or proven need, backed by the collection of specific and quantitative data illustrating regression over a vacation or break, and also being academically relevant.

- Even when the support team knows that even a small amount of support would have large impact for a child, there are many cases that kids cannot access counseling because of a lack of funding sources.
- Tight scheduling with many kids on a caseload can equal short session times.
- Billing and paperwork for Special Education reimbursement is time consuming and excessive.
- -Some mental health treatment issues are not appropriate for the school-based setting.

Early Intervention and Preschool population:

2) The second reason it is important to be here is to share with you the true lack of mental health services for the young child in Vermont.

Across the state we have fewer therapists who serve/specialize in treating children than therapists who treat adults. I personally have families who drive 40 minutes to see me after the long day of work and school. Spend an hour in session, grab dinner on the road home and drive another 40 minutes.

-We do not financially support or back mental health services within the preschool setting, even when there is public pre-K present.

-We have an increase in childhood trauma across the country, and in our state we see all types of adverse experiences effecting our young children

- drug addiction on the rise, leaving children in neglected homes, without proper care and support.

This is important to talk about because:

The early years are the best opportunity for a child's brain to develop the connections they need to be healthy, capable, successful adults. The connections needed for many important, higher-level abilities like motivation, self-regulation, problem solving and communication are formed in these early years – or not formed. It's much harder for these essential brain connections to be formed later in life, when the brain has less plasticity.

Across all settings that I work in, I notice the trending lack of both receptive and expressive language. I notice the lack of appropriate self-regulating behaviors in children. I am aware that the occupational therapists are overrun because of sensory processing issues, fine motor issues, as well as regulating through vision and balance delays.

I am finding that when waiting until after the early years, it takes longer to create dramatic impact on children's mental health and emotional well-being. The young child's brain is the command center of the human body. A newborn baby has all of the brain cells (neurons) they'll have for the rest of their life, but it's the connections between these cells that really make the brain work. Brain connections enable us to move, think, communicate and do just about everything. The early childhood years are crucial for making these connections. At least one million new neural connections (synapses) are made every second, more than at any other time in life.

Disruptions in this developmental process can impair a child's capacities for learning and relating to others, with lifelong implications. For society, many costly problems, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children's environments of relationships and experiences early in life.

Impairment in mental health occurs as a result of the interaction between a child's genetic predispositions and his or her exposure to significant adversity in the environment. The interaction between genetic predispositions and sustained, stress-inducing experiences early in life can lay an unstable foundation for mental health that endures well into the adult years.

Some individuals demonstrate remarkable capacities to overcome the severe challenges of early, persistent maltreatment, trauma, and emotional harm, yet there are limits to the ability of young children to recover psychologically from such adversity. Even when children have been removed from traumatizing circumstances and placed in exceptionally nurturing homes, developmental improvements are often accompanied by continuing problems in self-regulation, emotional adaptability, relating to others, and self-understanding. When children overcome these burdens, they have typically been the beneficiaries of exceptional efforts on the part of supportive adults. These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk.

According to the Center of the Developing Child:

- The emotional and behavioral needs of vulnerable infants, toddlers, and preschoolers are best met through coordinated services that focus on their full environment of relationships, including parents, extended family members, home visitors, providers of early care and education, and mental health professionals. Mental health services for adults who are parents of young children would have broader impact if they routinely included attention to the needs of the children as well.
- Physicians and providers of early care and education would be better equipped to understand and manage the emotional and behavioral problems of young children if they had more appropriate professional training and easier access to child mental health professionals when they are needed.
- Better coordination of resources invested in mental health services for young children and their parents would provide a more stable and efficient vehicle for assuring access to effective prevention and treatment programs

Some things I am thinking about are:

The fiscal impact of Special education Funding and how the sheer number of children presenting with an Emotional Disturbance as a primary disability are higher than I have seen before.

I am wondering about how the shift in Special Education funding will impact the efficacy and accessibility of these important services?

I am thinking about the prevalence of these diagnoses in Special Education and the Advisory panel on Special Education. It makes me wonder if we should have a mental health professional on that team as well?

Given the importance of early intervention on a child's development, and the weight of the foundational skills that they are learning, both academically and emotionally, and the stress that many of our children are facing, how can we better reach these young children in our school systems?

The community of a school is sometimes the only access that a family is having to their community. If this is true, then how can we better service those children and give them the tools that they need within our schools? Especially, when trust can be so hard to build otherwise.

How can we not invest early on in children whose brains are open and absorbent? The impact of early intervention is not only important for the child, but it is important for our society and our fiscal responsibilities.

References to some statistical data:

Center on the Developing Child (2013). Early Childhood Mental Health (InBrief). Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).