

Behavioral and Emotional Problems in Infants and Young Children: Challenges of Clinical Assessment and Intervention

Large numbers of infants and young children are affected by behavioral and emotional problems that pose salient challenges for clinical assessment and management. In meeting such challenges, one of the most important needs for the field is to develop empirical data that support the efficacy and effectiveness of methods of assessment and intervention that are tailored to those behavioral and emotional problems experienced by infants and young children. Contributions to this special issue address this need with respect to attachment problems and disorders, autism and pervasive developmental disorders, self-injurious behavior, feeding problems, and disruptive behavior. Key words: *assessment, behavioral problems, infant mental health, intervention*

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LARGE NUMBERS of infants and young children are affected by behavioral and emotional problems that engender significant levels of stress in their families and impact their psychological development.¹ Some of these problems (eg, conduct disorders) place young children at significant risk for chronic mental health problems with a high level of morbidity and costs to society.^{2,3} Other infants and young children are affected by chronic physical illnesses and developmental disabilities that pose considerable psychological challenges that heighten their risk for behavioral and mental health problems.^{4,5} Prevalent environmental stressors such as poverty⁶ and violence⁷ also place the mental health of infants and young children in significant jeopardy.

The numbers of infants and young children who are demonstrating early signs of behavioral problems and who are at risk for mental health disorders pose an extraordinary challenge to those professionals who are able to intervene to reduce or prevent the long-term consequences of such problems. Early identification and intervention have the potential to reduce the short- and long-term impact of behavioral problems on children's psychological development and on their families. However, as noted by the Institute of Medicine's influential policy-focused report, *From Neurons to Neighborhoods*,⁸ there is a significant discrepancy between

the promise and the practice of early preventive mental health interventions and the level of empirical support for such interventions. Reviews of early preventive interventions for infants and young children at psychological risk have described both the significant progress of research and the continuing need for data from controlled intervention studies.⁹ Most reports of interventions with infants and young children have focused on enhancement of cognitive development and academic potential, rather than on the prevention or amelioration of behavioral and mental health problems. Cognitive and academic outcomes are most certainly important to children's futures, but they represent only a subset of competencies that underlie children's eventual contributions to society. For the most part, young children's behavioral and mental health outcomes have been neglected in studies of the efficacy of early intervention.

This special issue of *Infants and Young Children* (14:4) was designed to address the critical need to extend the clinical and scientific knowledge concerning the management of behavioral and emotional problems of infants and young children. Each of the authors considers the state of the art with respect to clinical intervention with various behavioral problems that commonly occur among infants and young children, including attachment problems and disorders, autism and pervasive developmental disorders, self-injurious behavior, feeding problems, and disruptive behavior, including conduct problems.

CHALLENGES TO ASSESSMENT AND CLINICAL MANAGEMENT

The identification, diagnosis, and management of behavioral and emotional problems in infants and young children raise special challenges that are considered by the authors of this special issue.

Complexity of identification and assessment

Behavioral and emotional problems that affect infants and young children have heterogeneous clinical presentations, few of which are adequately

described in the current diagnostic standard, the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*.¹⁰ Infants and young children also present with problems in relationships and/or problems in behavioral regulation in sleep¹¹ and other areas that are not adequately reflected in the DSM-IV and consequently require special consideration in assessment and classification. The heterogeneity and specific developmental features of mental health problems of infants and young children have led to the development of alternative diagnostic systems that might have greater applicability than the DSM-IV to practice and to research. One of these, the *Diagnostic Classification of Mental Health and Developmental Disorders*¹² developed by Zero to Three and the National Center for Clinical Infant Programs, was designed specifically for infants and preschoolers. This classification includes a number of interesting diagnostic categories, (eg, regulatory disorders or problems regulating behavior, physiologic, attentional, or affective processing) and includes a separate dimension (AXIS II) that considers the relationship aspects of infants and young children's behavioral problems.

Another diagnostic system, *the Diagnosis and Statistical Management for Primary Care (DSM-PC)*,¹³ which was developed to facilitate behavioral diagnosis in primary care, also applies to the diagnosis and classification of infant behavioral and mental health problems. The DSM-PC's use of categories that describe the spectrum of severity of mental health problems from developmental variation to disorder is well suited to the wide range of presenting behavioral and developmental problems encountered among infants and young children.

New instruments, which have been developed to assess the emotional development and adaptive competence of infants and young children,¹⁴⁻¹⁷ provide a range of information about various areas of functioning and methods to engage parents in the assessment and intervention process. These instruments have been stimulated by new developments in services for infants, the movement toward greater family participation in planning for ser-

vices,¹⁸ and the emphasis on greater integration of the assessment process with intervention.¹⁹ Although many new approaches are now used to assess the behavior and emotional status of infants and preschoolers, many of these lack reliability and validity for clinical use with infants and young children. For this reason, there is a critical need to validate measures and describe how these instruments can be used to guide intervention for young children with behavioral problems, which are considered by the authors of the special issue.

Developmental trajectory and prognosis

Another important challenge is the need to describe carefully the developmental trajectory of clinically relevant symptoms and the prognosis of disorders that are first identified during the preschool period. While some of these symptoms and clinical problems reflect transient disturbances or normal developmental variations, a substantial number do not. For example, attentional problems and conduct problems that reflect disturbances in the important developmental competency of self-regulation show substantial continuity across the preschool years into school age and beyond.^{2,3} Lavigne and colleagues^{20,21} found that a substantial number of 3-year-old children who had some form of psychiatric disorder based on DSM criteria continued to have some form of psychiatric disorder on subsequent assessments 42 to 48 months later. Because the long-term consequences of such disorders on the lives of children and families are not trivial, it is very important to develop effective ways to manage these problems.

Many infants and young children are affected by problems such as prematurity,⁵ poverty,⁶ violence,⁷ and failure to thrive,^{22,23} which reflect the combined influence of biologic and environmental risk and are associated with heightened, continuing risk to children's psychological development and mental health. For this reason, there is a need for continuing research that clarifies the relationship of early risk factors and underlying developmental processes to emotional and behavioral problems in young children.

BARRIERS TO THE DELIVERY OF MENTAL HEALTH SERVICES

While few would argue with the need to develop and evaluate interventions to reduce the risk to children's mental health that are posed by biologic and environmental risk factors and the development of early behavioral symptoms, there are substantial barriers to the delivery of such care that also need to be understood and carefully managed.

Barriers to creating comprehensive systems of mental health services

The number of children who are either at risk for or are already showing early signs of serious behavioral and emotional problems is enormous. Unfortunately, the mental health care delivery system in the United States is already overburdened with the need to respond to older children and adolescents with serious and ongoing mental disorders. Consequently, in many communities, infants' and young children's needs for mental health intervention simply take a back seat to the behavioral problems of older children that are regarded as more serious and pressing.

Another challenge is that the appropriate context or system in which the behavioral and mental health problems that present among infants and young children can or should be managed has not been clearly established. Relatively few communities have developed systematic plans to deliver mental health services to this population. On the other hand, some communities are meeting this challenge by creating integrated systems of care that blur the boundaries of the traditional distinction between mental health and developmental services.²⁴

Another set of dilemmas is raised by the nature of services to infants and young children with behavioral and emotional problems. Should services be focused on those infants and young children who are showing warning signs and symptoms of behavioral and emotional problems? Alternatively, should services also target infants and young children who are at risk for developing

behavioral and emotional problems but are not currently showing signs of such problems? The work presented by the authors in this special issue focuses on children who are showing signs of early behavioral and emotional problems. The authors' descriptions have implications for designing services to prevent the considerable morbidity, including impact on children's and family functioning, that can be associated with behavioral and emotional problems of infants and young children.

Another challenge to the development of mental health services for infants and young children is how and by whom should these problems be identified and referred for service? Based on their extensive contact with children during the first 2 years of life, primary care practitioners, especially pediatricians, are an important resource for identification of mental health problems as well as for early management of behavioral problems. In fact, empirical data suggest that pediatricians are identifying an increasing number of behavioral and developmental problems,²⁵ and pediatric referral is a predictor of mental health service use in young children.²⁶ On the other hand, primary care practitioners cannot serve as the sole resource for the management of young children's behavioral and emotional problems for a variety of reasons, including constraints on practice owing to managed care, limitations in training, and lack of access to mental

health practitioners. For this reason, primary care and mental health practitioners should be a part of a broader community-based service initiative for early intervention.^{18,26}

Developing data concerning efficacy and effectiveness of interventions

Ideally, broad-based community initiatives to develop services to identify and manage the mental health and behavioral problems that are experienced by infants and young children should be informed by scientific data that support the methods of assessment and intervention that are used.

To help address this need, the contributors to this special issue summarize the available information that supports the need for interventions that are tailored to specific problems and disorders that are commonly encountered among infants and young children. The promise of approaches to clinical management that are described here, together with the need for additional data concerning the efficacy and clinical effectiveness of intervention models, presents considerable opportunities for future research and practice. Scientific data are needed to support intervention models, methods of assessment, and the validity of diagnostic categories.²⁷⁻²⁹ Hopefully the contributions in this special issue will encourage others to accept the challenges of developing such knowledge.

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