

House Committee on Education and the Workforce-- October 7, 2015

Matthew Biel, MD, MSc

My name is Matthew Biel and I am the Division Chief of Child and Adolescent Psychiatry at Georgetown University Hospital and Associate Professor of Clinical Psychiatry and Pediatrics at Georgetown University School of Medicine. I am a child psychiatrist in clinical practice, as well as an educator and researcher in the field. I am very grateful for the opportunity to join today's hearing.

In my clinical work caring for children and families, and in my research, I focus on identifying strategies to build resilience and enhance childhood outcomes in the face of adversity. Converging evidence from neuroscience, education, and public health research identifies the infant, toddler, and preschool years as a time of great promise and also of great vulnerability. Experiences in the first five years of life, both positive and negative, have critical effects on outcomes across the lifespan. Early childhood truly sets the course for physical and mental wellbeing or dysfunction.

The building blocks for successful early development include an environment that provides basic resources and capable care from adult caregivers. Nurturing relationships with adults stimulate brain development beginning in infancy, creating the neurological foundations for health, learning, and positive social interactions. However, early exposure to toxic stressors such as extreme poverty, abuse or neglect, or living with a parent with mental illness or substance abuse, disrupts developing brain architecture and other maturing organs. Children who have not received appropriate nurturance and stimulation in the first five years are already significantly disadvantaged. They are likely to have less emotional stability, greater risk for physical health problems, and more ground to make up in academic readiness. The deck is stacked against them before their first day of kindergarten.

Experiencing severe adversity in early childhood may be the single most important modifiable risk factor for future problems including obesity, diabetes, depression, addiction, school failure, lost productivity, and incarceration. These are among the most pernicious and costly problems that our society faces, and science tells us that they often have their origins in early childhood. Meaningful interventions to reduce the damage caused by early adversity can produce significant benefits for society, including increasing individuals' capacities to learn and earn; lowering crime rates; saving spending on special education and social safety nets; and reducing the costs of common and expensive chronic health conditions.

Many communities do not have well-coordinated resources to help families and children buffer the effects of stress and adversity. Too often, efforts to identify vulnerable children in one sector ignore parallel efforts in another sector, leading to inefficiencies, redundancies, and stagnation. This fragmented approach is exacerbated by structural barriers that separate service delivery systems in the domains of physical health, mental health, social services, and early childhood education. These artificial silos persist despite glaring evidence from the scientific literature that child development observes no such separation: children living in highly stressed environments struggle in ways that simultaneously impact learning, physical health, and emotional stability.

The good news: a number of clearly effective interventions to prevent and ameliorate the impact of toxic stress in young lives have been developed. Nationwide, there is a great need to effectively integrate evidence-based strategies in order to limit the harmful effects of toxic stress and to create buffers for young children and their families.

The early childhood educational setting is an ideal arena for such interventions. Early childhood brain development predicts later social success, psychological health, and academic achievement. The capacities for self-control, positive social interactions, emotional stability, paying attention, following instructions—all crucial skills for functioning in school and in the community—are brain-based capacities that have to be mastered in early childhood. Delays in these areas are readily evident in the early childhood education setting—and delays can be corrected through intervention. High-quality Head Start programming, enriched by proven and promising intervention strategies, can have an immensely positive impact by helping children to catch up on these crucial skills before it is too late.

Based upon my work and the work of my colleagues, I submit four recommendations to this Committee in assessing Head Start and other similar program under your jurisdiction:

(1) Head Start providers require training to equip them to identify children who may be experiencing toxic stress, and to implement effective techniques to respond to these difficulties within the classroom. Early childhood providers receive limited training in understanding and responding to social and emotional challenges facing their students. Enhanced professional development in these areas should be a priority.

(2) Evidence-based interventions to promote social and emotional health should be introduced across early childhood educational settings, including Head Start. Initiatives deserving support include in-school clinical consultation from mental health professionals, as well as teacher-delivered interventions that support the development of brain-based skills that are crucial to social and academic competence.

(3) Efforts to enhance early childhood outcomes require effective coordination and integration. We need local approaches that effectively identify community needs, unify available programs and resources, and address gaps in programming with high-quality, evidence-based approaches. The challenges of early childhood vulnerability require holistic, community-based approaches.

(4) While Head Start providers are important contributors to a child's health and development, the family is the first and most consistent influence. Interventions that do not engage the family are destined to be less effective. To truly improve child outcomes, it is critical to enlist families in the educational enterprise taking place in early childhood centers: to include families in their children's educations and to effectively collaborate with other community resources that are available to support families' diverse needs. Interventions that effectively include families in early childhood education deserve additional development and support.

In closing, I recommend specific support for provider training in understanding and addressing emotional and behavioral concerns in young children; high-quality behavioral health strategies to support early learning environments; integration rather than siloization of programming efforts; and special attention to strengthening families through engagement efforts emerging from early childhood educational settings. Thank you very much for your time and consideration.