



# Nolan's STORY

EARLY CHILDHOOD MENTAL HEALTH IN SAN DIEGO COUNTY  
ENSURING ALL FAMILIES BUILD NURTURING RELATIONSHIPS





Todd and Megan learned through behavioral therapies how to reinforce and support their son Nolan's positive behaviors. (Photo credit: Alaina Dall)

Megan and Todd always knew they were going to adopt a child. In 2012, their foster care worker contacted them about a 3-year-old boy named Nolan. Until this time, the boy had been repeatedly moved from one home to another, and was showing some signs of being at risk for an autism spectrum disorder.

Although the couple was concerned, they wanted to meet him. After spending time together playing at a nearby park, Nolan asked, "Can I go home with you?" Ultimately the answer was yes, and within three weeks, Nolan moved in with his new foster parents.

Not long afterward, however, Nolan started showing some concerning behaviors. He didn't talk very much, he hurt himself by hitting his head on the floor or wall, and he had extreme tantrums.

Nolan had started play therapy with previous caregivers at KidSTART, a program based at Rady Children's Hospital of San Diego, funded by First 5 San Diego. KidSTART serves children under age 6 with complex developmental, mental health, medical, or family functioning needs. Nolan continued the sessions with his new dad. The therapist used dolls and role playing to help Nolan cope with difficult emotions rooted in his history, and then worked with the boy about his reactions.

"It was interesting," said Todd. "I got to be with Nolan. We bonded quite a bit. There were times Nolan came out feeling sad because things would come up. But the therapist helped him work through them and taught me how to be supportive."

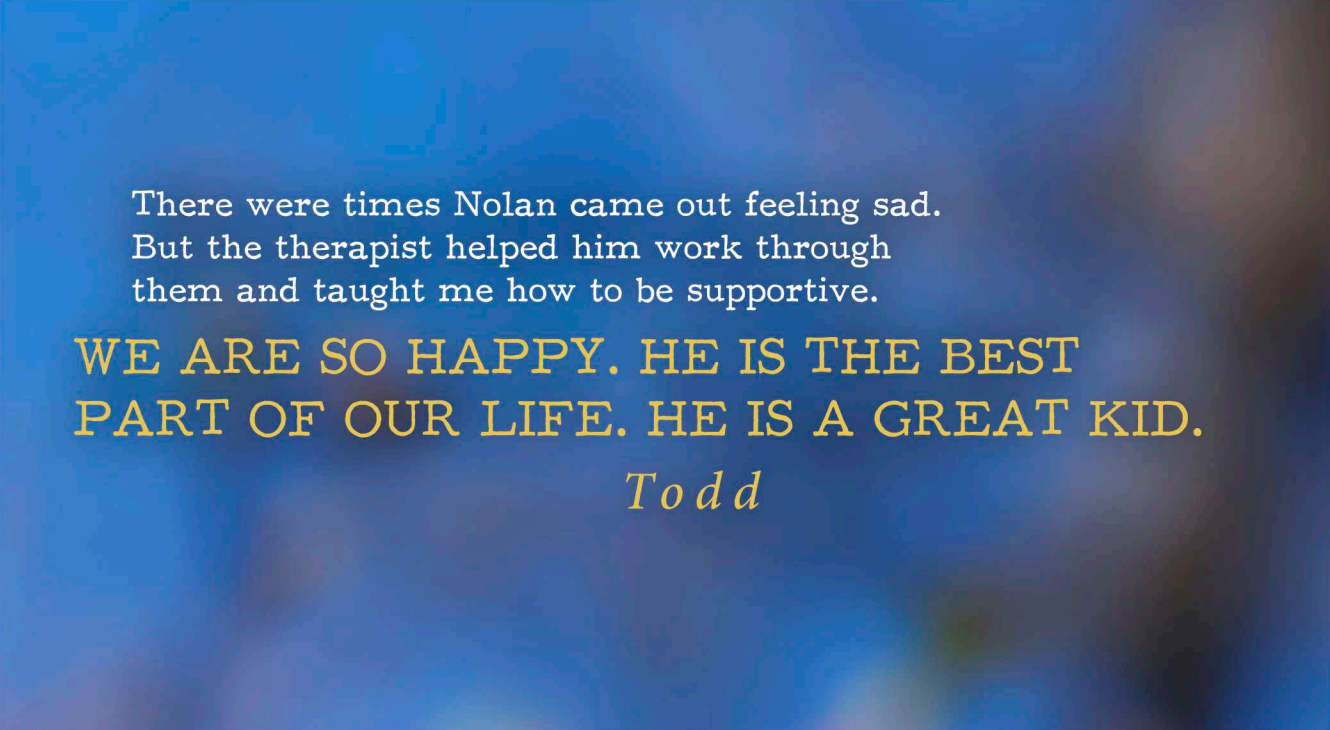
Nolan also received weekly behavioral therapy in the home. The counselor taught Nolan coping strategies such as how to take deep breaths to relax. The therapist also taught his parents how to reward Nolan when he chose appropriate responses to situations. The parents created a sticker chart for good behaviors to further reinforce daily activities that he carried out well.

As Megan described, "The biggest challenge at first was how to structure our family time and be consistent. We had to learn how to discipline, and how to encourage and discourage various behaviors with positive reinforcement."

After completing his therapies over four months, Nolan was thriving. He was no longer considered to be on the autism spectrum, and was enrolled in a regular kindergarten class in elementary school.

A year later, after the adoption went through, Todd said, "We are so happy. He is the best part of our life. He is a great kid."





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WE ARE SO HAPPY. HE IS THE BEST  
PART OF OUR LIFE. HE IS A GREAT KID.

*Todd*

## EARLY CHILDHOOD MENTAL HEALTH

Infant-early childhood mental health, sometimes referred to as social and emotional development, is the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn – all in the context of family, community, and culture.<sup>1</sup>

90% of a child's brain develops in the first five years of life.

Between 10% and 14% of children under age 5 have emotional or behavioral disturbances.

If not addressed early, adverse experiences can cause difficulties that can last through a child's life.

Effective treatment services most often focus on strengthening relationships between the parents and child, and on improving the home life.

## RECOMMENDATIONS

Support quality parent education and skill building. Parents are better able to support children with mental health or behavioral concerns when they are taught parenting strategies.

Provide resources to treat the child within the family context. Ensure that the child and the parents receive the support and information they need.

Fund behavioral health programs for children from birth to age 5. More funding is needed to support children with complex needs, within the family setting.

## STRENGTHS OF SAN DIEGO'S ECMH SYSTEM OF CARE

Developmentally Appropriate Treatment Services

Services are Responsive to an Individual Child and Family's Needs

<sup>1</sup>Zero to Three: National Center for Infants, Toddlers and Families, 2012





American Academy of Pediatrics,  
California Chapter 3

For a list of resources and  
additional information, please visit:  
**[aapca3.org/familystories](http://aapca3.org/familystories)**

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