

Insights

Social-Emotional Health is Often Invisible, But It Still Needs Support



Aliza's disability changed her life, even if you can't see it on the outside.

In Bountiful, Utah, on Dec. 1, 2016, a young boy fired a gun into a classroom full of middle school science students. No one was physically injured, but there were other kinds of injuries.

Aliza, the daughter of NICHQ Project Director Colleen Murphy, MSMOB, was in that classroom. And the shooter was one of Aliza's friends. That day changed everything for Aliza and Colleen.

Before the shooting, Aliza played sports, excelled at theater and music, and had a vibrant social life. Now, nearly 18 months later, she struggles to cope with severe anxiety and post-traumatic stress disorder. Despite regular therapy sessions, she missed 21 school days in the first half of

this year alone.

“I feel the most comfortable in my room,” Aliza explains. “I never leave my room and when I do it’s just high anxiety all the time. Social settings are not very fun. My therapist says my world is getting too small. I need to take baby steps.”

“My daughter once told me her disability is invisible, and she’s right. But not being able to see it doesn’t make it any less real,” says Colleen. “It affects her social and emotional health and her development. It affects her chances to succeed. My daughter is a walking reminder that we need to focus on mental health in addition to physical health and we need systems that support all aspects of children’s health, even those that are invisible.”

For Aliza, those systems and supports are helping her move forward and take those baby steps. Aliza is on a [504 education plan](#) that describes how her school can best help her learn while managing her disability. This plan, along with her therapy visits and her family’s support provide a restorative environment for her to learn the skills she needs to cope with her new reality.

“Building systems that support health holistically—that’s one of the reasons I joined NICHQ,” says Colleen. “I’m especially focused on interventions that create socially supportive environments that promote peer interactions and social-emotional development. It’s this social-emotional development—the ability to decipher right and wrong, manage emotions, understand and empathize with others, control feelings and behaviors, and build relationships with others—that most predicts children’s success in later life. I want that success for Aliza.”

Improved systems would not only support her daughter’s health, but could have changed the shooter’s life.

“I look at her friend, this young boy who brought a gun to school, and I ask myself, ‘what happened? When did this child’s social-emotional development get off track? How can we better understand how he ended up in that classroom with a gun changing the lives of so many children in our community?’ And for me, the answers start in early childhood and the solutions start in our early childhood and family systems.”

Robust systems that share knowledge and share data. Systems that offer a multigenerational approach to children’s health. Systems that strengthen families by sharing resources and supports so that less children end up in a classroom firing a gun. These are the systems Colleen is passionate about developing.

“I think about our [Pediatrics Supporting Parents](#) project, which plans to bring these interventions right into the pediatrician’s office,” she says. “Social-emotional development, parental mental health and the relationship between parents and children—all these essential needs can be addressed during the well child visits that happen in those early years of life.”

By focusing on these critical pieces, we can help change the tide for children who may be in jeopardy. Find out more about what we’re doing to improve children’s health outcomes [here](#).