Infant and Early Childhood Mental Health for the CASA Volunteer

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Disclaimers

- I am a social worker by trade and a clinician by practice
- My specialties include clinical interventions for children in child welfare, domestic and international adoptions, young children with early trauma, IECMH in Pediatric Primary Care settings, and Integrated Behavioral Health
- Its really a pleasure to be here with you all today
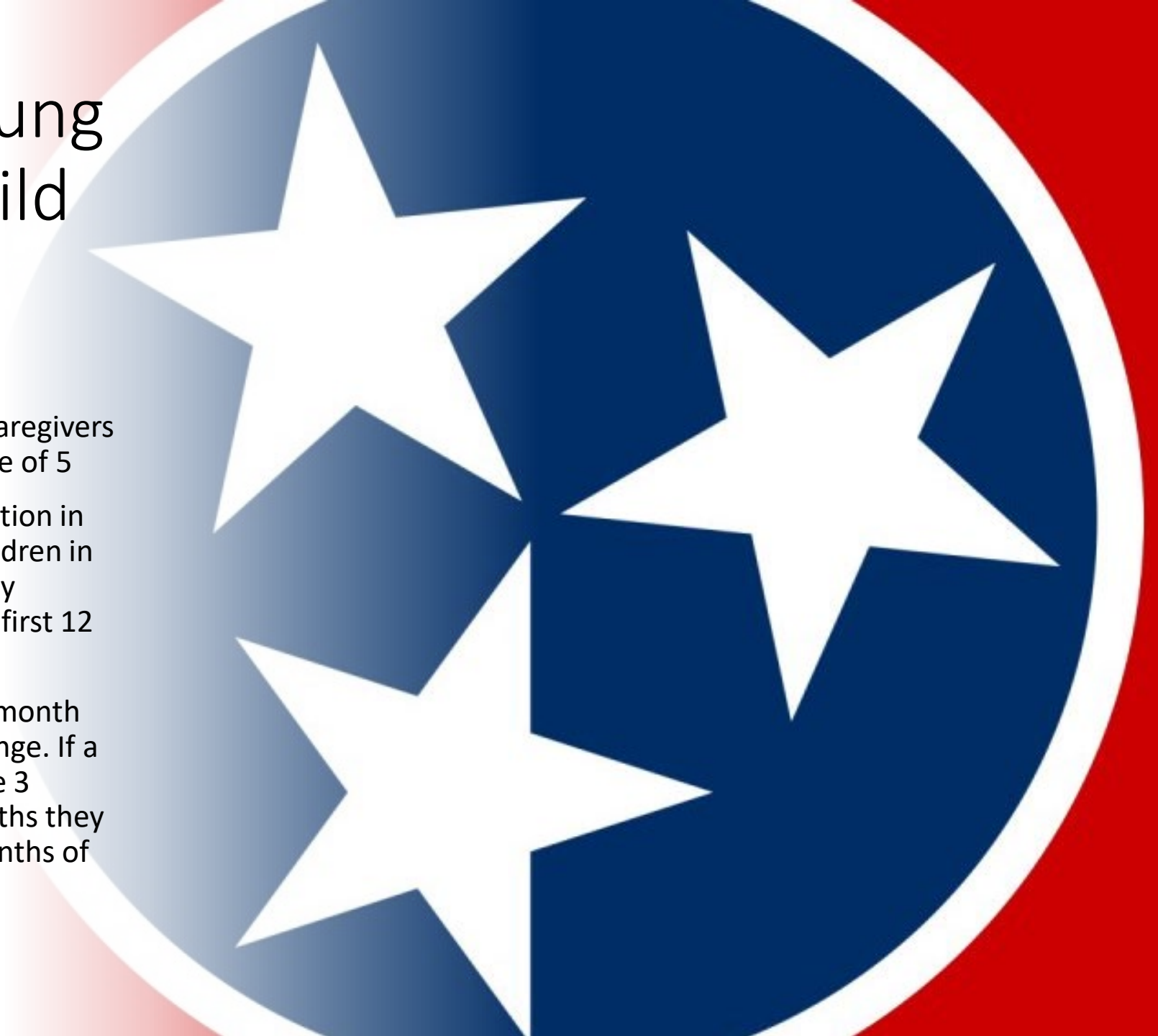
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Let's Talk About Babies

- The process of becoming a parent is one of the most emotional evocative life changes that occurs

- Babies mean change

- The universality of early childhood

- Stories

Babies and Young Children in Child Welfare

- More than 33% of all children removed from their primary caregivers in Tennessee are under the age of 5

- Tennessee ranks first in the nation in number of placements for children in their first 12 months in custody (Average of 3.4 placements in first 12 months)

- Placement changes equal a 6 month delay in development per change. If a child were to have the average 3 placement changes in 12 months they would effectively loose 18 months of developmental capacity

What is Infant and Early Childhood Mental Health

Infant Mental Health "The capacity to grow well and love well" (Liberman & Van Horn)

Supportive services for prenatal through age 6 to address concerns about relationship development, social emotional capacities, trauma, or parenting concerns

How did IECMH Services Come to Be?

- Understanding of Attachment Theory
- Attachment as the foundation for survival, neurological development, and social emotional functioning
  - Regulating affect and arousal
  - Promoting the expression of feelings and communications
  - Serving as a base for exploration
- The relationship that develops between an infant and a mother calls back to the mother's relationship as an infant with her mother.

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Ghosts in the Nursery

Relationships in Infancy

- "There is no such thing as a baby"-DW Winnicott

- "Good Enough Parenting"
  - Attachment and security in relationships is based off responses to physical and emotional needs
  - Response to those needs in an organized consistent manner is the foundation for health relationships
  - Caregiver's ghosts in the nursery can contribute to difficulties in recognizing cues for needs.

Disruptions to the "Good Enough"

Infants from high stress pregnancy and complex birth experiences often have increased cortisol shortly after birth

Those same infants then experience decreased ability to regulate sleep/wake cycles and defend against stress

- Increased risk for child abuse in the first 6 weeks of life
- Colic
- Perinatal mood disorders

IECMH Observation for Child Welfare

- Development is observed in the context of relationships
  - Winnicott "There is no such thing as a baby, there is only a mother infant pair"
  - Attachment and attachment behaviors are **ALWAYS** about survival

- Tronick's still face experiment
  - https://www.youtube.com/watch?v=apzXGEbZht0

- Strange Situation Procedure
  - https://www.youtube.com/watch?v=i5MudJ7yxkE

- Who does the child seek for comfort?

- What is the child's reaction with various caregiver enter space with them?

Attachment and Culture

- Attachment behaviors present as a spectrum that is unique to each culture

- Attachment is influenced by culture and culture by attachment

- The process of cues and responses may vary across cultures, but ultimately consistency and emotional availability are consistent

  - Caregiving tasks, developmental expectations of children, and the role of parents all vary by cultural standards

ACEs

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

Attachment and Intergenerational Trauma as Public Health

Parenting behaviors that generally lead to Adverse Childhood experiences, such as "scary parenting", lack of supervision, engaging in substance use, etc are also the behaviors that result in insecure and disorganized attachment styles
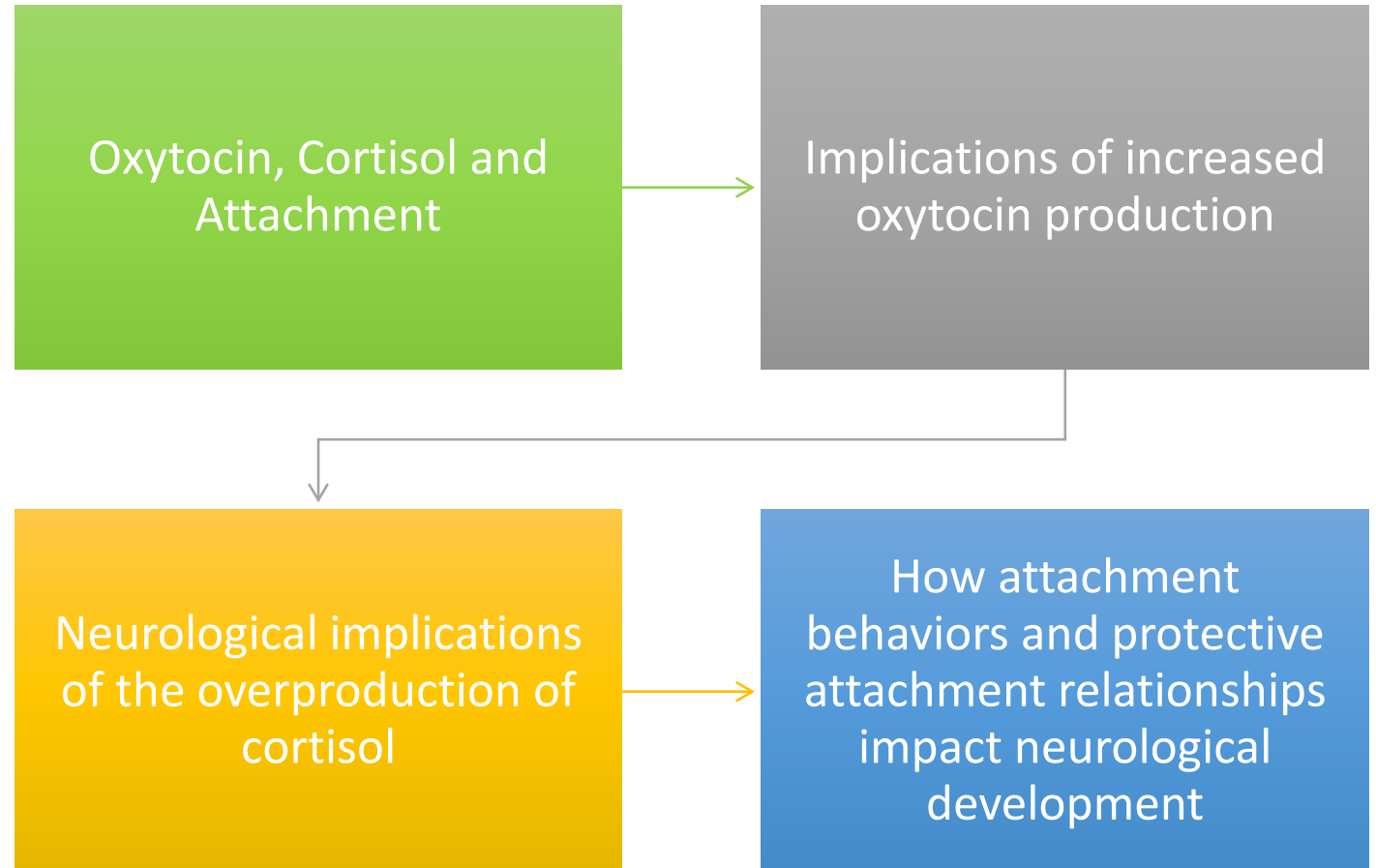
We know through ACEs research and other associated research with social determinants of health that individuals who are raised in high-stress situations in early life experience greater health complications throughout life

Further, children with complex medical needs are at greater risk for attachment difficulties related to the parent's perception of them as fragile and as a result of extended hospitalizations
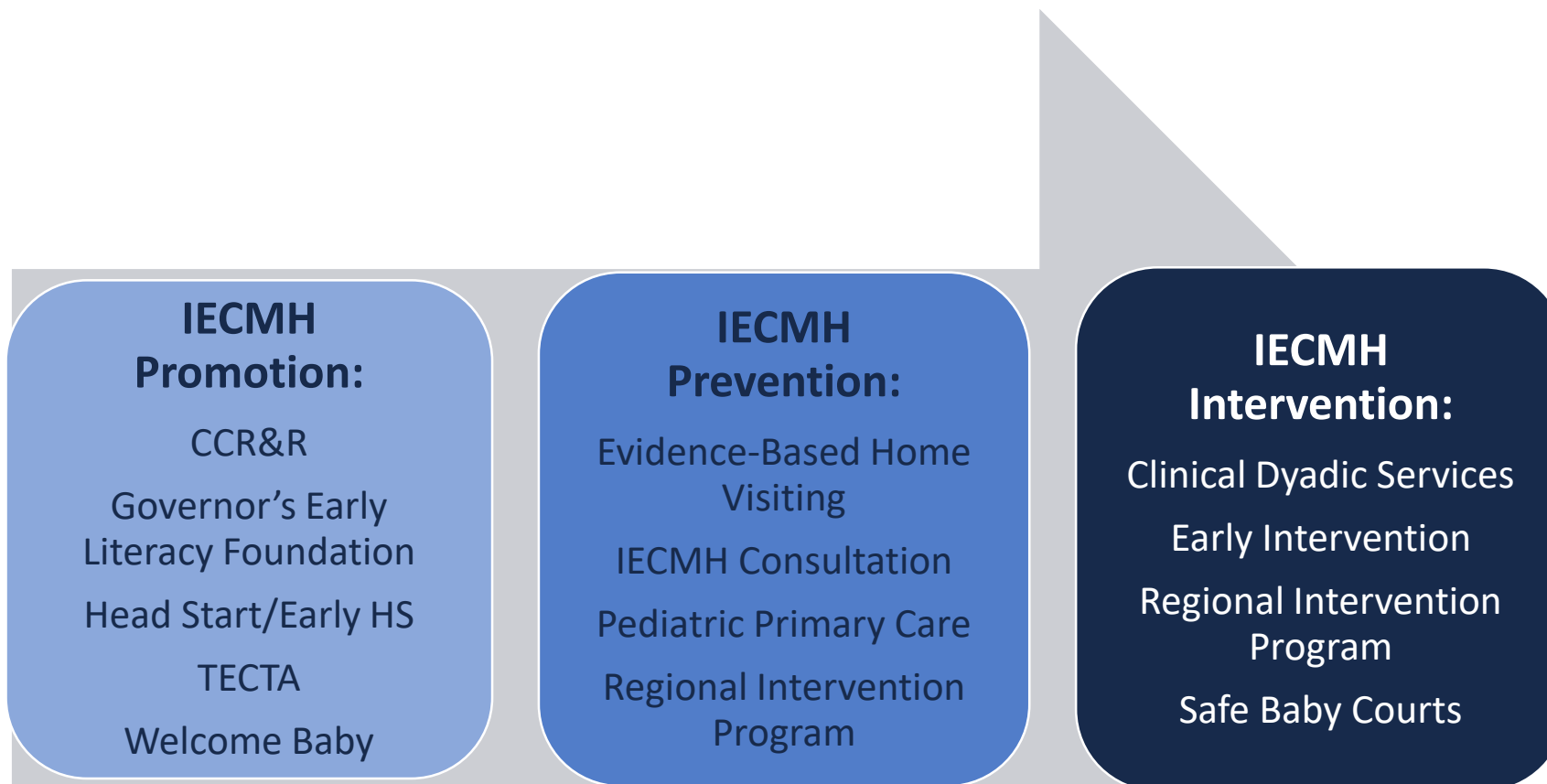
Attachment and Neurology

Oxytocin, Cortisol and Attachment

Implications of increased oxytocin production

Neurological implications of the overproduction of cortisol

How attachment behaviors and protective attachment relationships impact neurological development

Reasons for Referral in Child Welfare

- Child is under the age of 6 and is involved in the child welfare system

- Reunification is a goal on the permanency plan

- Child is having difficult self-regulating in any environment (biting self, aggression towards others, excessive crying, difficulty with separations, etc)

- Child was exposed to substances in utero

- Child experienced specific traumas (sexual abuse, physical abuse, witness to domestic violence, etc)

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TFFTI as Part of the IECMH Continuum

IECMH Promotion:

CCR&R

Governor's Early Literacy Foundation

Head Start/Early HS

TECTA

Welcome Baby

IECMH Prevention:

Evidence-Based Home Visiting

IECMH Consultation

Pediatric Primary Care

Regional Intervention Program

IECMH Intervention:

Clinical Dyadic Services

Early Intervention

Regional Intervention Program

Safe Baby Courts

DC:0-5™

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
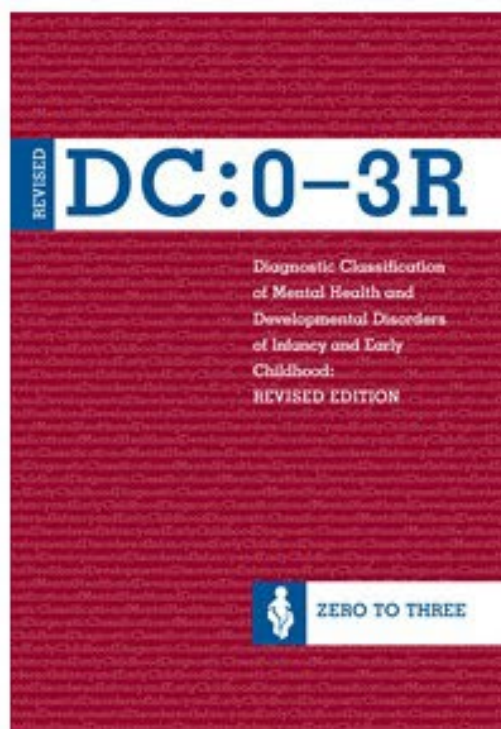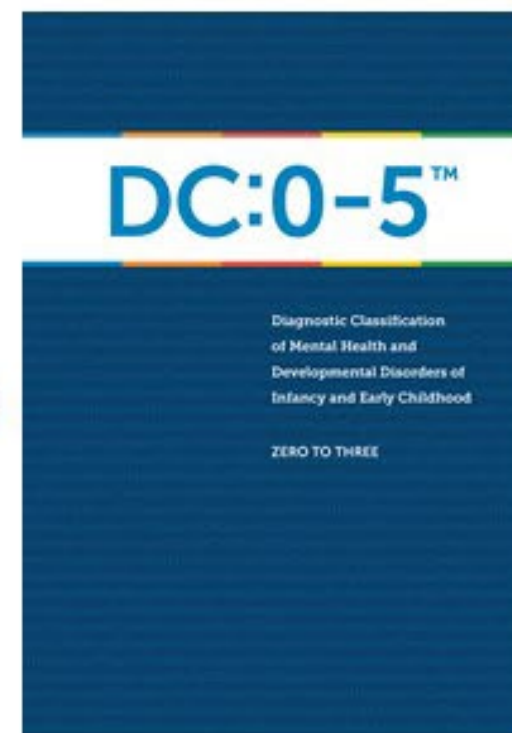
Development of DC:0–5

ZERO TO THREE
Early connections last a lifetime

Diagnostic Classification

1994   →   **2005**   →   **2016**

Assessment—Gathering data from record review, obtaining history and perceptions from interviews, observations of interactions and behaviors.

Diagnosis—Identification and classification of disorders

Formulation—The way in which the infant's/young child's clinical presentation is understood in the context of biology, relationships, social network, culture

IECMH as an Evidence-Based Practice

- Generally, takes a Psychodynamic Perspective
  - Behaviors are rooted in survival
  - Behaviors are recognized to have subconscious depth beyond verbal value
  - Heavily play based
- Child-Parent Psychotherapy
  - Dyadic (Caregiver is required. Caregiver is not always bio parent)
  - Frequent (should be weekly or more often)
  - Lengthy assessment phase
  - Trauma-forward

IECMH as Evidence Based Practice

- Parent Child Interaction Therapy
  - Behaviorally-based
  - Typically focused on compliance
  - Parent coaching
  - Not trauma focused
  - Assessment period is less
  - Duration/frequency vary
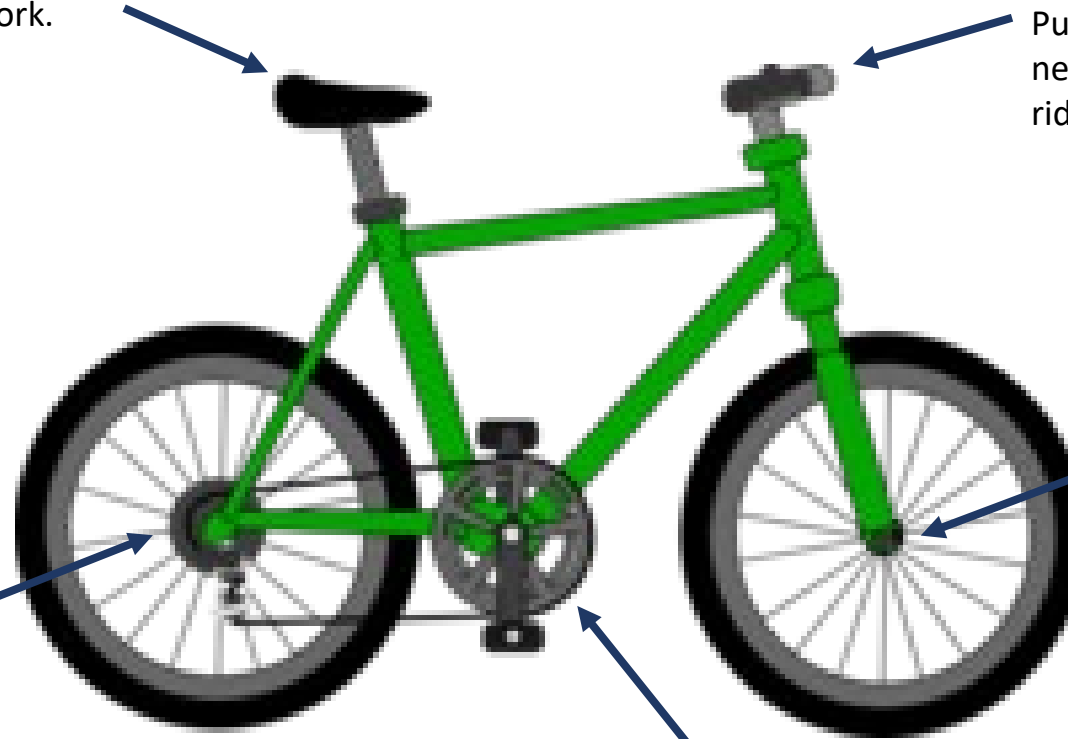
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IECMH as an Evidence Based Practice

- PCIT, CPP, TBRI (Trauma Based Relational Intervention), Theraplay, and Infant-Parent Psychotherapy are all evidence based for children under the age of 6.

- There should be caution around any modality with young children that doesn't heavily involve the caregiver.

- There should also be caution around heavily talk-based interventions such as CBT for children under 5 or where there are language delays

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The Child – always there for the ride but can count on the rest to do the work.

The Judge- Steers the case in the right direction. Puts the breaks on when needed. Decides when the ride is done.

The Family- Is needed for the ride to work but can count on the work of the rest of the cycle to support and push them along when the ride is hard. The spokes are the network of friends, family and culture to support them.

DCS – Hub of the wheel. Controls the shifts in the case. Manages all the workings of the spokes.
(intervention services)

Service Providers - Push the case along. The heart of the work, recognizing when the case needs to up shift or down shift. Pushes the front wheel to move in sync with the rest of the cycle. Knows when the front wheel (family) needs an extra push.

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The Team

IECMH in Teaming

- Behavioral Health clinicians trained in IECMH are able to provide:
  - Observations about parent interactions with the child
  - Concrete goals for the team to work towards and use as observations of progress
  - Considerations of the symptoms and presentation that the child is bringing to the dyad
  - Considerations of how the parents' substance use/mental health/trauma may impact parenting capacity
  - Hold cultural curiosity and considerations for the team
  - Provide theoretical education for the team

Incorporating Services into Perm Plans

- Utilizing IECMH services as a perm plan goal

- Assessment and diagnosis through DC:0-5 allow for clear identifications of strengths and growth edges

- Supporting increased frequency of contact, decreasing duration of contact, and supporting direct feedback to parents about their interactions with young children

- Developing curiosity within the team

- *Focusing on Relationships: An Effort That Pays*

IECMH Resources for CASA and Child Welfare

Association of Infant Mental Health in Tennessee (AIMHiTN)

ZERO TO THREE I/T Court Project

Facilitating Attuned Interactions (FAN)

IECMH Takeaways

- Infant and Early Childhood Mental Health is a thing

- Services do exist!
  - There are really good providers available across Tennessee due to several workforce development projects over the last 5 years. There are resources. You don't need to figure it out on your own.
  - Tennessee First Five Training Institute

- Its ok not to know
  - If you have questions or are unsure-email me! Ask the COE!

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Questions

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