Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

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Inside this edition

UNDERSTANDING INFANT MENTAL HEALTH

Resource Article

Our new KIT series, 'Understanding Infant Mental Health', sheds light on a topic that has traditionally been the purview of mental health professions. Over time, however, it is become increasingly apparent that infant mental health issues extend beyond discipline-specific boundaries and encompass all professionals working with young children and their families. Whether it's the stress of having a baby or young child with a disability or life stressors impacting the parents of children with developmental delays or mental health conditions of the parents, concerns related to mental health coincide with working with families in early intervention.

Gerard Costa makes a compelling case for the inclusion of infant mental health issues within early intervention programs. Costa envisions, "…that promotion of mental health in infants and their families is the province of *all* staff from *all* disciplines in early intervention, and the field of infant mental health provides a useful framework to better understand, asses, and help families" (2006, p. 119).

While most providers in early intervention understand the importance of relating to and with families, infant mental health encompasses much more than rapport building and active listening. Training in this subject is of paramount importance when using a mental health approach in the field of early intervention. Instructing, guiding, and coaching disparate providers in areas of mental health, however, is not without challenges.

Costa discusses several cautions associated with training and education on infant mental health. These include: depersonalizing the family (e.g., fitting a family into a category, rather than understanding the nuances particular to the family); knowing too little (i.e., simplifying matters that are complex); pathologizing or diagnosing rather than understanding where a family is coming from and what they are going through; feeling too much (e.g., once understanding of mental health issues has been planted and is growing, infant and family events/ situations can take on larger than life proportions); and finally there can

Resource Article (continued)

be clinical boundary issues (e.g., learning about infant mental health does not equate to psychotherapy).

There are, however, considerable benefits associated with training in infant mental health as Costa further describes. Attachment is a central idea to understanding infant-parent development and how the infant and parent relate to one another. Greater understanding about attachment can enhance the helping relationship and lead to better understanding within parent-child dyads. Use of the relationship-based framework and use of self are powerful models of help giving. Costa elaborates, "Simply stated: The feelings and beliefs that are engendered in the helper, can serve as a guide for empathy, inquiry, and intervention with the family" (p. 132). Instead of viewing parenting as a skill, viewing it as a relationship can be more constructive. How a parent relates to their child and vice versa, is more telling about social-emotional health than a collection of caregiver skills. Consider the notion of "Optimal Distance" in the therapeutic zone. Home visits are often enjoyable and may even have a social feel, and yet they are not purely social calls. Being warm and friendly certainly helps to develop rapport with families, but acknowledging boundaries helps providers maintain objectivity – a necessary requirement in this work. Acknowledging unconscious processes that affect the parent (and the provider) is an important consideration. Caretaking of infants and young children inevitably brings up feelings and experiences from parents' pasts and talking about these feelings and experiences can help parents understand what may be motivating their current behavior. Thereby, creating awareness of ways for responding differently in the future. Understanding the role of the infant in the lives of the family members allows us another gateway into the past experiences of parents. Consider the influential book by Fraiberg, Adelson, & Shapiro, "Ghosts in the Nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships" (1980). There is perhaps no more poignant occasion when past meets future than when an infant comes into a parent's life. Who does the parent see when looking at the child, what emotions are brought about, are they positive/negative, and how might all of this impact the infant-parent relationship. Further consideration should be made regarding the influences that may be affecting the provider who is working with a family. Costa explains, "… the final benefit is the powerful but often unexamined role that the interventionist's own life and subjective experiences in the work can play in influencing all aspects of the clinical relationship from engagement to interpretation, to process of the work, and even to termination – how they say "good-bye" to the children and families" (p. 134). This can be further examined through self-monitoring and reflective supervision – both core elements to infant mental health.

Incorporating an infant mental health approach in early intervention is not simply a matter of in-servicing. The issues are complex, highly nuanced and not without challenges. However, the benefits of providing support to families via an infant mental health perspective will yield positive social-emotional benefits for the family, that may last a lifetime, as well as increasing the overall effectiveness of providers within the field of early intervention.

Costa, G. (2006). Mental Health Principles, Practices, Strategies, and Dynamics Pertinent to Early Intervention Practitioners. In G. Foley & J. Hochman (Eds.), *Mental Health in Early Intervention* (pp. 113-138). Baltimore, MD: Paul H. Brooks Publishing Co.

What do the data say?

When sharing assessment information with families, what's important to remember?

The National Center on Parent, Family, and Community Engagement describes several salient points to assist program staff in the collaborative process of discussing child assessment information with families. The full resource, titled Family Engagement and Ongoing Child Assessment is available online at: http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/family-engagement-and-ongoing-child-assessment-081111-1.pdf

While the document referenced is geared toward Head Start, the points highlighted are easily adaptable to early intervention (EI) and our work with families of young children with disabilities. When sharing information with families keep the following points in mind.

It's collaborative - When sharing child assessment information, an important first point to make is that it is a collaborative process. Both families and EI providers have insightful information to contribute. By blending the perspectives of families and EI staff the team gains an authentic understanding of the strengths and needs of the child, as well as the priorities of the family.

Start with family insight - In addition to information sharing, remember too that staff and families have feelings, beliefs, and expectations that can influence their perspectives. Parents know their child best and are raising their child in the context of their own culturally-rooted beliefs and child-rearing practices. Parents have experiences and responsibilities that influence what and how they do things. EI personnel also have experiences and responsibilities that influence their perspectives and inform their practices. It's important to respect these variations, especially when the perspectives do not clearly mesh. As EI providers, you may have to momentarily set aside strong held beliefs and values to effectively hear the family's perspective. By starting with the parents' perspective staff communicate the importance of family input and create the opportunity to first gain an understanding of the child from the people who know the child the best and who have the longest lasting influence on the child's development.

Be specific and descriptive - As staff share information, based upon their observations and assessments, it's imperative to provide descriptions and actual examples rather than just broad interpretative summations. For example, consider the difference between: *"He is demonstrating emerging play skills"* versus "*When we observed him interact with his car and garage set we talked about how he clearly shows his toy preference. Yet, he tends to repeat the actions of putting the car up on the ramp and watch it go down more so than expanding that play to other actions. As we watched further and as you shared that is primarily how he plays with his cars. At his age we would expect to see him adding on to his car play scenarios by maybe driving the cars on the carpet too, putting the little people in the cars, maybe even having the cars crash together or race. What else do you wonder about when thinking about how he participates in play times?*" By being descriptive you help the parent see and understand clear examples rather than general abstracts. When EI staff and families have different interpretations of a child's functioning it's important to share descriptive examples for everyone to see the nuances of the child's behaviors that are informing interpretations.

Notice parent-child relationships - Strong parent-child relationships help scaffold positive outcomes for children. By helping strengthen these relationships EI staff can add to positive child outcomes. Accordingly, it is important to acknowledge this relationship and share observations that reinforce the parent-child relationship. Look for and share your observations of parent child interactions. The following example is an excerpt from an EI observation; *"One thing I noticed during the evaluation was how quickly Jayvon calmed down after you picked him up; his body clearly molded to yours; it's like he knew that was the best place in the world to be. Tell me more about how that works for you."*

Acknowledge parent as experts - Point out the child successes and insights families have about their child. Let families know that you regard and respect them as the expert on their child. Engage families as collaborative partners in all decision making. Remember that EI and other service providers may come in and out of a family's life, but the child's parents are there for the entire journey. Make a concerted effort to build parents competence and confidence by acknowledging their insight, experiences, and expertise.

Respond to emotions - Life can involve a rollercoaster of emotions. Being a parent of a young child likely does not make this any easier. Parents want the very best for their child and to effectively support families we have to acknowledge how different experiences can elicit various emotions, such as celebrating successes, wondering about changes, worrying about setbacks, expressing disappointment or being angry when things don't work out as planned, being frustrated when things get missed, or sharing the joy that family life can bring. Acknowledging and responding to parents emotions can be immensely helpful.

Consultation Corner

From August 2015 through February 2016 we are excited to have
Dr. Neal Horen, Kristin Tenney-Blackwell, Amy Hunter, and Dr. Robert Corso
as our consultation corner experts addressing the topic

Understanding Infant Mental Health

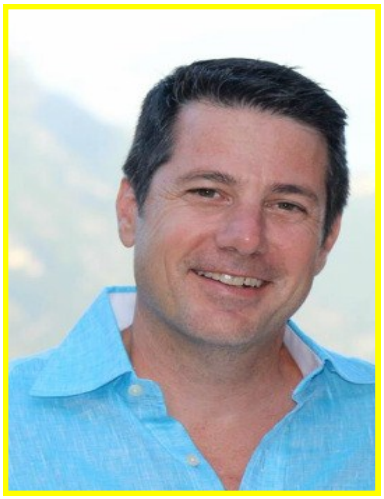
Dr. Neal Horen is a clinical psychologist who has focused on community-based work for the last fifteen years. He is Director of the Early Childhood Division and Co-director of Training and Technical Assistance for the Georgetown University Center for Child and Human Development. Dr. Horen has worked closely with numerous states, tribes, territories and communities in supporting their development of systems of care for young children and their families. In addition, Dr. Horen continues to spend time working in direct clinical care including development of social skills interventions for young children and is director of the HOYA clinic which offers therapeutic and assessment services for young children and families. Dr. Horen's primary interest is in early childhood mental health and he has lectured extensively on infant and early childhood mental health, challenging behaviors in young children, social skills development, as well as the impact of trauma on child development. He is the proud father of three children, 16, 15 and 15.

Kristin Tenney-Blackwell, MA, LLP, IMH-E, has been active in providing consultation and guidance for national organizations and other early childhood programs on issues related to early childhood mental health. Kristin works for Vanderbilt University and maintains her private practice in which she has worked with young children and families for over fifteen years. Kristin has also supported national Pyramid Model training and consultation efforts, as well as statewide and local initiatives.

Her portfolio includes work in early childhood education and mental health initiatives, design and delivery of professional development and evaluation of early childhood projects. In addition, she has been actively engaged with the Virtual Lab School developing course content for several of the Infant and Toddler modules.

Consultation Corner (continued)

Amy Hunter, MSW, LICSW is an Assistant Professor at Georgetown University's Center for Child and Human Development. Currently, Amy oversees the mental health section of the Head Start National Center on Health. Previously, Amy served in many positions at ZERO TO THREE including as the Director of Program Operations for the Early Head Start National Resource Center and the Project Director for the Infant Toddler Center on the Social Emotional Foundations of Early Learning (CSEFEL) project. For twenty years Amy has been involved in early childhood mental health including providing training and technical assistance on early childhood mental health to individuals and groups around the country. Amy maintains a small private practice on Capitol Hill in Washington, DC.



Dr. Robert Corso Rob Corso, Ph.D. is currently a Research Associate at Vanderbilt University and served on the Leadership Team for the National Center on Quality Teaching and Learning. He also serves as the Executive Director for the Pyramid Model Consortium. Previously he served as the Project Coordinator for the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) project and the Principal Investigator for the Head Start Disability Services Quality Improvement Center in Region V. Dr. Corso's expertise includes the evaluation of professional development projects for programs serving young children and their families. He has conducted many large-scale evaluations of programs serving children and families and has developed outcomes frameworks for measuring the impact of in-service training for national efforts aimed at improving the capacity of Early Head Start, Migrant and Seasonal Head Start, and Child Care. In addition, Dr. Corso served as an administrator for Head Start, child care, and early intervention programs. He has co-authored several works round professional development and the delivery of culturally and linguistically responsive early childhood education.

On the WWW

This month the KIT resource comes from Bright Futures at Georgetown University. The What to Expect & When to Seek Help tools provide resources for families, caregivers, health providers, early intervention providers and more. Included are developmental tools that highlight age-expected development as well as indicators of possible concerns. The accompanying tool provides information about making referrals when concerns arise.

The tools are online at:

https://brightfutures.org/tools/index.html

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding Infant Mental Health,* readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August through January) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in February 2016. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

KIT Newsletters are available online at **www.edis.army.mil**