

An Introduction to Infant/Early Childhood Mental Health Concepts and Practices Module 1

Gilbert M. Foley, Ed.D., IMH-E & Susan Chinitz, Psy.D.
Monday, April 27, 2020

Who We Are

The New York City Training and Technical Assistance Center (TTAC), is funded through **ThriveNYC**, in partnership with the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty, Policy and Research

- **New York Center for Child Development** a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty, Policy and Research;** the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers.

TTAC is tasked with building the capacity and competencies of mental health professionals and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>



Visit our Website

TTACNY.org

ttac.info@nyu.edu

NYC Early Childhood Mental Health **TTAC** Training and Technical Assistance Center

TTAC is funded by the New York City Department of Health and Mental Hygiene through [ThriveNYC](#).

ASK TTAC 

[ABOUT US](#) [TRAINING & TECHNICAL ASSISTANCE](#) [RESOURCES](#) [🔒 ECTC PORTAL](#) [EVENTS](#)

Events

Thursday, April 2, 2020

TTAC Webinar: Supporting Families and Caregivers of Infants and Young Children Affected by the COVID-19 Pandemic

[view more >](#)

CONTACT US



A COLLABORATION BETWEEN



NYC DOHMH Bureau of Early Intervention E-Learning Modules



Foundations of Social-Emotional Development in Infants and Toddlers
[Learn More](#)

NYC Early Childhood Mental Health Network COVID-19 Resource Guidance



[Learn More](#)

The Early Childhood Mental Health Network



Get to know the Early Childhood Therapeutic Centers (ECTCs)! Available in both English and Spanish.
[Learn More](#)

TTAC

Module 1: Foundations of Development & Climbing the Developmental Ladder

Gilbert M. Foley, Ed.D., IMH-E
Clinical Co-Director
Training and Technical Assistance Center

The Principles of Development with Implications for Practice

(Davies, D. & Troy, M. F., 2020; Provence, S & Naylor, A., 1983)

What is Development?

Development is the progressive physical growth of the organism, the unfolding of innate capacities and the acquisition of abilities and skills, overtime, both quantitatively and qualitatively, in response to complex transactions between child and environment.

Principles of Development

Development progresses in a “gene-environment interplay” and is largely experience dependent.

- Development reflects the interdependence of nature and nurture—it is recognized today that heredity is not an unmodifiable determinant but rather that gene expression can be altered by environmental conditions (Thompson, 2016).
- Culture is a powerful and pervasive shaping force

Implications for Practice

Resilience

- Although in-part related to inborn traits such as robustness and easy temperament, resilience and social competence can be enhanced through experience.

Experiencing positive childhood experiences (PCE)

- Has been shown to actually “neutralize” the negative impact of ACEs (Bethel, Jones, Gombojav, Linkenbach & Sege, 2019)

Developmentally appropriate skill-building

- Promotes capability and feelings of efficacy and mastery motivation which empower children to feel competent, e.g. toilet training, sleeping alone, self-help skills

Principles of Development

Development progresses in predictable patterns

- Motor development proceeds from head-to-toe (cephalo-caudal) and from the center of the body to the fingers (proximal to distal), gross to fine
- Neurological development proceeds from the bottom-up – cerebellum to the prefrontal cortex
- Developmental patterns include: undifferentiated to discrete; self-centered to other-centered; concrete to abstract

Implications for Practice

Start at the center of the body

- When attempting to facilitate fine motor skills support stability at the center of the body and the shoulder girdle before using hand-over-hand.

Start with sensory co-regulation

- When working on regulation, start with sensory co-regulation before trying to promote self-regulation through executive functions, such as cognitive inhibition, planning and sequencing

Principles of Development

Development progresses in predictable patterns

- Development progresses toward greater differentiation, complexity and capacities for abstraction, symbolization and skill refinement.
- **Higher level complex skills tend to be synthesized out of components of lower level simpler skills.**
- Development is not an even, linear progression but progresses in spurts, plateaus and regressions.
- Regressions may serve to mobilize resources for growth- “fall back to spring forward.”

Implications for Practice

Teach from concrete to abstract

- Use tangible referents, concrete three dimensional objects before or in conjunction with pictures and words
- Use an instructional strategy such as “touch-demonstrate-say”

Teach from self-centered to other-centered

- Use the body as a referent for tall- “taller than I am”; far- “farther than I can reach”; “me and mine” proceed a capacity to share for example

Teach in a developmental sequence-lower level skills as contributing to higher level skills

- Recognize gestures, shared intentionality and comprehension as components contributing to the production of language

Recognize that at the threshold of a major developmental milestone a child may put some skills “on-hold”

- A child mastering toilet training for example may be less vocal/ verbal while focusing attention on a new skill
- A child on the threshold of becoming a preschooler may for a while need more attention, want to be held more, seem more worried as to parent’s whereabouts-ambivalent about closeness and distance; dependence and autonomy

Principles of Development

The lines of development are intimately and inextricably intertwined and interdependent:

Strengths or weaknesses in any one domain impact all others

Development is both continuous and discontinuous:

Early experience influences future development but not exclusively and potential for dramatic shifts, growth and changes in the course of development for better or worse are possible in the face of new experience

Plasticity is the Norm

Implications for practice

Address multiple areas of development in an integrated manner

- Exploration, experimentation and discovery are best promoted from a base of security-be available and serve as a “home base” and source of emotional refueling as a child might begin to feel anxious when separated in exploration or at a learning center
- Be attentive to posture and stability, for example, when a child is tackling a cognitive task with a motor loading such as problem solving how to attain a desired object from behind a barrier

Recognize that development tends “to go as it starts” but need not and may take unforeseen shifts with enormous potential for change

- A very secure child might become anxious and clinging, not be able to go to sleep or ambivalent during an acrimonious divorce or other **ACSs** to the extent that his /her attachment classification could change to an anxious one

Principles of Development

Development is relationship-dependent

“There is no such thing as a baby, there is only a baby and someone” - D. W. Winnicott

- Relationships are two-way from birth, but not equal between parent and child, with the parent assuming a much greater role
- Attachment has survival meaning.
- The single best buffer against toxic stress is having an **emotionally available, sensitive, responsive and reliable caregiver.**
- **Early care impacts the formation of brain architecture and epigenetics**
- “The picture of securely attached children that emerges from research is a very positive one. They appear curious, self-confident about managing cognitive tasks, persistent in the face of frustration and cooperative (Colin, 1996, p-66).”

Implications for Practice

Build positive teacher/therapist-child-parent relationships as foundational to all teaching and therapy

- Be fully emotionally available-sensitive, attuned and responsive
- Provide consistency, predictability and reliability of availability, appointments, contingent responding
- Provide unconditional positive regard
- Promote play
- Foster schedules and routines to nurture a sense of security

The Physical Care of the Child is a powerful medium for intimacy, sensory experience, psychosocial development and learning-promote physical caregiving as a developmental opportunity

Principles of Development

Parenthood as a developmental process

Parenthood is characterized by new challenges, new developmental tasks, vulnerabilities and potential conflicts but is also an enormous developmental affordance for personal growth, learning new skills, experiencing new satisfaction and fulfillment and even repairing relational and developmental failures and losses from the parents' own past.

Implications for Practice

Parents can grow in the quality of their relationship with their children and become more skilled and effective parents

- This potential for change is the foundation for all parent work
- This potential for change, helps helpers to reframe attitudes and persist in the work
- This potential is the rationale for a family-centered approach, coaching parents and treating to the relationship and the goodness-of-fit between parents and children

Principles of Development

Development is shaped by play, learning and mastery

Play is self-healing and affords opportunity for new possibility,
plasticity and resourcefulness

The capacity for adaptation is acquired largely through learning

Individual differences are more the norm than the exception

Every child is entitled to be different and needs to be uniquely
understood

Implications for Practice

Play is a form of expression, learning and practice for life

- Follow the child's lead in play
- Join the child at her level of play
- Expand play skills
- Promote peer play
- Allow the child to tell you
- Encourage imaginative anticipation of future roles played out with toys and costumes in tales and games (Erikson, 1975)

A big part of our job is to consider what experiences are appropriate for a particular child, with what frequency, intensity and timing to facilitate learning

Recognize that children with different temperamental styles are entitled to behave differently

- For example, the baseline regulated state of a feisty child may be more reactive and curious than that of a child with a shy temperament

Principles of Development

- Nature and nurture are co-determinants of development and largely experience dependent
- Development progresses in predictable patterns
- Higher more complex skills are synthesized out of the components of lower level skills
- The lines of development are intimately and inextricably interrelated in an interdependent fashion
- Development is relationship dependent
- Parenthood is a developmental process
- Development is both continuous and discontinuous-plasticity is normative
- Development is shaped by play, learning and mastery
- Individual differences are more the norm than the exception

Infant and Early Childhood Mental Health (IECMH)

(Costa, 2006; Zeanah, 2018)

What is infant mental health?

Foundational Constructs

IMH is a body of knowledge, practices and strategies derived from multiple disciplines, relationally framed and aimed to **promote** optimal self-social-emotional development in infants and young children, **prevent** developmental derailment and **intervene** to nurture development within the range of mental health.

What is infant mental health?

- ZERO TO THREE defines infant mental health as: *“ . . . the developing capacity of the child from birth to age 3 to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn -- all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.”*
- The World Association of Infant Mental Health describes infant mental health as:
“ ... a field dedicated to understanding and treating children 0-3 years of age within the context of family, caregiving and community relationships.”

Principles of IECMH

Social-Emotional (non-cognitive) Skills

A growing and convincing body of literature suggests that social-emotional development, synonymous with infant mental health and sometimes referred to as non-cognitive skills, formed early in life, are pivotal in increasing the likelihood of healthy personal development, future success in the workplace and adult well-being.

Principles of IECMH

- A recent study (Jones, Greenberg & Crowley, 2015) looking at the relationship between social-emotional competency in kindergarten and functioning 13-19 years later in a sample of 753, found that teacher-rated prosocial skills in kindergarten were a consistently significant predictor of young adult outcomes across the domains of education, employment, criminal activity, substance abuse and mental health.
- Educational attainment and predicting future success in the workplace are dependent on more than cognitive ability alone. Non-cognitive characteristics such as self-discipline, motivation and interpersonal skills have significant predictive power and explain a significant part of the variance in academic and workplace success (Carniero, Crawford & Goodman, 2007).

Principles of IECMH

Self-Regulation

- Self-regulation is the child's developing capacity to flexibly modulate and grade reactivity to sensation, affect arousal and behavior with relative autonomy in support of goal-directed actions across a broad range of functions and when dysregulated to recover to a regulated state (Carver & Scheier, 2016; Foley, 2017; Murray, Rosanbalm, Christopoulos, & Hamoudi, 2015).

Regulation as a Developmental Process



Principles of IECMH

IECMH is Relationship-Based in Concept and Practice

Attachment

Attachment has survival meaning

If you are in a dangerous situation (and given the relative helplessness of the human infant, infancy is a dangerous situation) your chances of survival are vastly increased if you are with a responsive, reliable, and competent companion than if you are alone!

Principles of IECMH

Attachment

- Attachment behaviors in the infant (e.g. face gazing, social smiling, sucking, grasping) are evolutionarily determined and aimed to evoke proximity of the caretaker for protection and security
- Infants are active participants in their own attachment
- Attachment is **an enduring emotional tie to a particular caregiver**
- The attachment figure serves as **secure base** for the infant to explore and learn
- The infant develops a sense of what is expected and what is possible in relationships by being part of a relationship-**internal working model**

Principles of IECMH

“Don’t just do something! Stand there and pay attention!”

- Sally Provence

- This implies:
- The ability to be **emotionally available** listen carefully with full attention and not always feel compelled to act
- The ability to allow parents to tell their story and teach us about their child- **Parents know their child best.**
- The ability to make “no assumptions” about the family and monitor any judgements.
- The ability to identify and support strengths in the parent-child relationship-**strength-based**

Remember, **parenthood is a developmental process!** We are not born parents, we learn how to be parents!

Principles of IECMH

- The ability to **treat to the relationship**-the zone of goodness-of-fit between parents and child
- The ability to address the concerns of the parents and impart skills to parents that support their parenting capacities and enhance their capacity for reflective function
- The ability to “**feel with**” the parents, who may be **grieving**, and the child, as individuals and as a relationship
- The ability to tolerate and stay regulated in the face of strong feelings.

Principles of IECMH

- The ability to find an “**optimal**” **professional distance**-neither so close as to distort our judgement or compromise the self-sufficiency of the family nor so distant and “coldly clinical” as to prevent our “feeling with” the family or providing empathic support.
- The ability to recognize that the way we relate to and treat the parent/child has the power to shape the way the parents treat and relate to their own child-**parallel process**.

“**Do unto others as you would have others do unto others**”
—Jeree Pawl
- The ability to recognize and decode how the past can be reenacted in the present relationship between parent and child “**Ghosts in the Nursery**”

Principles of IECMH

Reflective Practice through Reflective Supervision

“How you are is as important as what you do!”- Jeree Pawl

- The ability to be in-touch with your own feelings, recognize how they impact you and the work, and substitute impulse and reactivity with mindful responsiveness are aims of reflective supervision

Self-observation through reflective supervision promotes self-monitoring and mindfulness

Principles of IECMH

- Promotion, prevention and intervention are the key components of IECMH
- Social-emotional development is an organizing theme
- The ability to regulate emotions and behavior is important to adaptation
- The centrality of relationship-based concepts and practices
- The ability to be emotionally available is a key practice principle
- Assume parents know their child best until proven otherwise
- Practice through a strength-based lens
- Treat to the relationship
- Maintain an optimal professional distance-a flexible balance between closeness and distance
- Parallel process is a powerful therapeutic tool
- Be attuned to how the past colors the present-Ghosts in the Nursery
- Exercise reflective practice
- Participate in reflective supervision
- Always consider and respect cultural differences

Thank you!



TTAC
A COLLABORATION
BETWEEN

NEW YORK
CENTER FOR CHILD
DEVELOPMENT

McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH
NYU | SILVER SCHOOL
OF SOCIAL WORK