

NYC Early Childhood Mental Health Training and Technical Assistance Center

Foundational and Key Concepts, Principles and Practices of Infant and Early Childhood Mental Health (IECMH)

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Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by 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

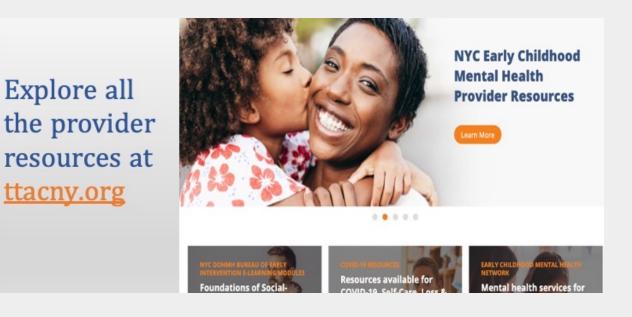
- New York Center for Child Development has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses PeerTAC and 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 and early childhood professionals through ongoing training and technical assistance **http://www.TTACny.org**





Updated TTAC Website



A Selection of Features:

- Seamlessly filter, toggle and search through upcoming and archived content, trainings and resources
- View videos, slides, and presenter information on the same training page
- Contact the TTAC team by clicking on Ask TTAC and filling out our Contact Us form
- And more!

Have questions or need assistance? Please contact us at **ttac.info@nyu.edu** and we'll be happy to assist you





TTAC Infant and Early Childhood Mental Health (IECMH) Learning Modules are now live!



Two Learning Modules:

- The first module in the series is the Impact of Early Childhood Adversity (An Overview of the Topic)
- The second module in the series is Nurturing Resilience: Supporting Infant and Early Childhood Mental Health
- CEUs Available upon completion!





Learning Objectives

As an outcome of attending this webinar, participants will be able to:

- 1. Identify the core principles of development
- 2. Define Infant and Early Childhood Mental Health
 - 3. Describe the core components of IECMH
 - 4. Illustrate IECMH practices







Child development is the bedrock foundation and first order principle of Infant and Early Childhood Mental Health (IECMH)

Nothing in development stands alone! -Serena Wieder

> Embrace complexity! -Sally Provence







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







Development progresses in predictable patterns

- Orderly but organically-not lockstep with all lines intimately and inextricably interlaced and progressively unfolding in constant resonance with each other
- 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 othercentered; concrete to abstract







Development progresses in predictable patterns

- Development progresses toward greater differentiation, complexity and capacities for symbolization, abstraction 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 fits, spurts, plateaus and regressions.
- Regressions may serve to mobilize resources for growth- "fall back to spring forward."







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 the potential for dramatic shifts, growth and new trajectories, for better or worse, are possible in the face of new experience **Plasticity is the Norm**







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**, **reliable and benevolent 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)."







Development is shaped by play, learning and mastery

Play is self-healing, supports regulation and affords opportunities for new possibilities, plasticity and resourcefulness, all without the need for an imposed task! Play is a dress rehearsal for life! Play imaginatively anticipates future roles enacted with toys and costumes in tales and games (Erikson, 1975)

The capacity for adaptation is acquired largely through learning 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

> Individual differences are more the norm than the exception Each child is uniquely different and is entitled to be uniquely understood







Early Development in a GASP!







Nine Core Functional Social and Emotional Developmental Capacities (FEDL)

(Greenspan & Wieder, 2006; Wieder & Foley, 2018; Wieder & Greenspan, 2004)



Level 1: Regulation and Shared Attention 0-3 mos.

Level 2: Mutual Engagement 2-5 mos.

- Level 3: Intentional Two-Way Purposeful Communication 4-10 mos.
- Level 4: Complex Problem–Solving, Sense of Self 10-18 mos.
- Level 5: Symbolic Thinking/Language/Emotions 18-30 mos.
- Level 6: Building Bridges/Abstract Thinking 30-42 mos.
- Level 7: Multi-causal and Triangular thinking
- Level 8: Comparative and Gray Area Thinking
- Level 9: Reflective Thinking/Growing Sense of Self/Stable Internal Standard

"Ascending the Stepping Stones on the Pathways of





Development"



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Fiona 12 months

Levels 1-4











Level 1: Regulation and Shared Attention 0-3 mos.

Level 2: Mutual Engagement 2-5 mos.

Level 3: Intentional Two-Way Purposeful Communication 4-10 mos.

Level 4: Complex Problem–Solving, Sense of Self 10-18 mos.







. Pretense

- Object substitution
- Socio-dramatic
 - quality
- Roles & rules

Level 5: Symbolic Thinking/Language/ Emotions 18-30 mos.







- Proto-play/language narratives with beginning, middle and end
- Logical sequence among ideas

. Level 6: Building Bridges/Abstract Thinking 30-60 mos.







Infant and Early Childhood Mental Health (IECMH)

(Costa, 2006; Stallings-Sahler & Foley, 2022; Zeanah & Oser, 2018)







What is Infant and Early Childhood Mental Health?

- ZERO TO THREE defines infant and early childhood mental health as:
- "... the developing capacity of the child from birth to age 5 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 and early childhood mental health is synonymous with healthy social and emotional development."







What is Infant and Early Childhood Mental Health Practice (IECMH)?

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 derailed development within the range of mental health.







Components of IECMH

Social-Emotional (non-cognitive) Skills

A growing and convincing body of literature suggests that socialemotional 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.







Components of IECMH

Self-Regulation

Self-regulation is the child's developing capacity to flexibly modulate and grade reactivity to arousal, sensation, affect and behavior relative to context; to recover from dysregulated states and to sustain adaptive levels of arousal, with relative autonomy, in support of goal-directed actions across a broad range of functions. (Carver & Scheier, 2016; Foley, 2017; Murray, Rosanbalm, Christopoulos, & Hamoudi, 2015; Stallings-Sahler & Foley, 2022).







Regulation as a Developmental Process









Components 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!







Components 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







Attachment Types

- Secure: Safe & assured
- Anxious avoidant: Too self-sufficient
- Anxious ambivalent: Approach-avoidant
- Disorganized: Confused & unsystematic







Components of IECMH

Explore the environment and learn

Knowledge is constructed out of curious sensory exploration, discovery and mastery of the environment







Culture Influences Development

Culture is mediated through the parenting relationship and influences infant/young child development.

Hopes, goals, and expectations for children and nurturing; distress

Approach to discipline and limit-setting Expression of love

ERO TO THRE

Infant and Early Childhood Mental Health Practice Principles







IECMH is relationship-based in concept and practice

Don't just do something; stand their and pay attention! -Sally Provence

- A strong **working alliance** anchors and sustains the intervention relationship-positive regard, authenticity, openness
- Emotionally available and attuned presence is powerfully therapeutic
- **Treat to the relationship** the zone of goodness-of-fit between parents and child
- Concrete services and supplies go a long way!







IECMH Practice Principles

Watch, wonder and listen deeply









https://www.youtube.com/watch?v=ZX6fsvXKw7M







IECMH Practice Principles

Parents know their child best







IECMH Practice Principles

Make "no preconceived assumptions" about the family and monitor all judgements







IECMH is Strength-based

Support strengths and find the GOOD in the parent-child relationship







Embrace 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.







Support parents; respect their concerns and priorities and address them when possible; impart skills that strengthen parenting capacities and magnify reflective function and amplify parental feelings of efficacy and satisfaction







IECMH Practice Principles

IECMH is affect-focused and intersubjective

- "Feel with" parents and child, as individuals, as a family, recognizing that parents may be grieving the loss of the hoped-for-child
- Tolerate ambivalence and remain regulated in the face of strong feelings







Find an "optimal" professional distance-neither so close as to distort our judgement or compromise the selfsufficiency of the family nor so distant and "coldly clinical" as to prevent our "feeling with" the family or providing empathic support







Recognize that the way we relate to and treat the parent/child has the power to shape the way the parents relate to one another and treat their own child-parallel process. "Do unto others as you would have others do unto others"

-Jeree Pawl







IECMH has always been trauma informed; first by recognizing and treating **projected** trauma and now by addressing **experiential** trauma

- Acknowledging that forces out of awareness exist and identifying and decoding how the past of the parents, both the traumatic and the positive, can be projected and reenacted in the present relationship either to be addressed therapeutically or affirmed
 - "Ghosts and Angels in the Nursery"







IECMH Practice Principles

Speaking for baby







Reflective Practice through Reflective Supervision "How you are is as important as what you do" - Jeree Pawl
Being in-touch with your own feelings, recognizing how they impact you and the work, transforming impulse and reaction to mindful responsiveness and refining perceptive problem solving are aims of reflective supervision

- Self-observation through reflective supervision promotes selfmonitoring and mindfulness
- By reflecting "on" the work we become better able to reflect "in" the work







References

- Carver, C. S., & Scheier, M. F. (2016). Self-regulation of action and affect. In K.D. Vohs & R. F. Baumeister (Eds.), Handbook of self- regulation: Research, theory, and applications (pp. 3-23). Guilford Press.
- Costa, G. (2006). Mental Health Principles, Practices, Strategies and Dynamics Pertinent to Early Intervention Practitioners. In G.M. Foley & J. D. Hochman, (Eds.), *Mental health in early intervention: Achieving unity in principles and practice, (pp. 113-138).* Paul H. Brookes.

Erikson, E. H. (1975). Life, history, and historical moments. Norton.

Foley, G. M. (2017). Play as regulation: Promoting self-regulation through play. *Topics in Language Disorders*, 37(3), 241-258.

- Greenspan, S., & Wieder, S. (2006). *Engaging autism: Using the floortime approach to help children relate, communicate, and think.* DaCapo/Press/Perseus Books.
- Murray, D. W., Rosanbalm, K., Christopoulos, C., & Hamoudi, A. (2015). Self- regulation and toxic stress: Foundations for understanding selfregulation from an applied developmental perspective. OPRE Report #2015-21, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children's and Families, U.S. Department of Health and Human Services.
- Wieder, S., & Foley, G. M. (2018). The DIR (developmental, individual difference, relationship-based) model: A parent-mediated approach to interdisciplinary assessment and comprehensive intervention. In E. Hollander, R. Hagerman, & D. Fein (Eds.), *Autism spectrum dsorders* (pp. 231–251). American Psychiatric Association Publishing.

Wieder, S., & Greenspan, S. (2004). Climbing the symbolic ladder in the DIR Model through floor time/interactive play. Autism, 7(4), 425-235.

Stallings-Sahler, S. & Foley, G. M. (2022)). Linking sensory integration and mental health: Nurturing self-regulation in infants and young children. Zero to Three Press.

Zeanah, C. & Oser, C. (2018). Handbook of infant mental health, 4th Ed. Zero to Three.





