

TTAC

NYC Early Childhood
Mental Health

Training and Technical Assistance Center



The Central Role of Human Relationships in Infant Mental Health

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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 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>

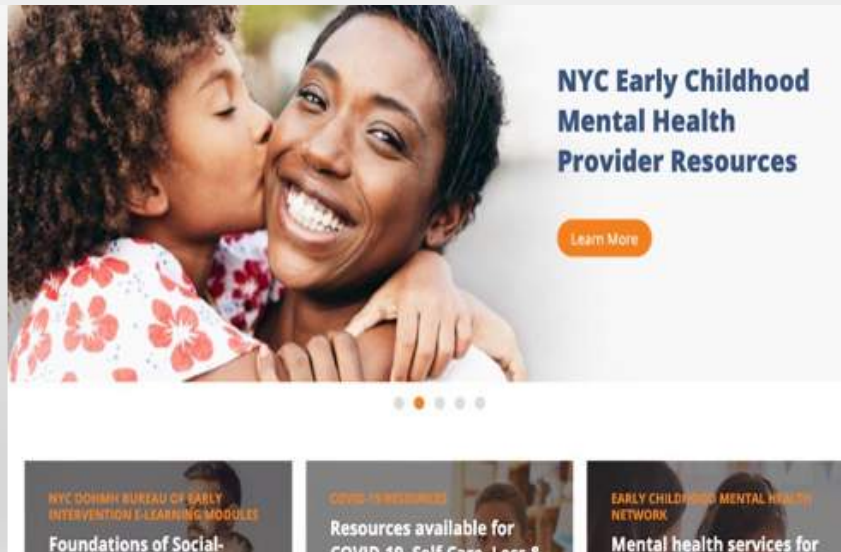


Updated TTAC Website

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!

Explore all
the provider
resources at
ttacny.org



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!

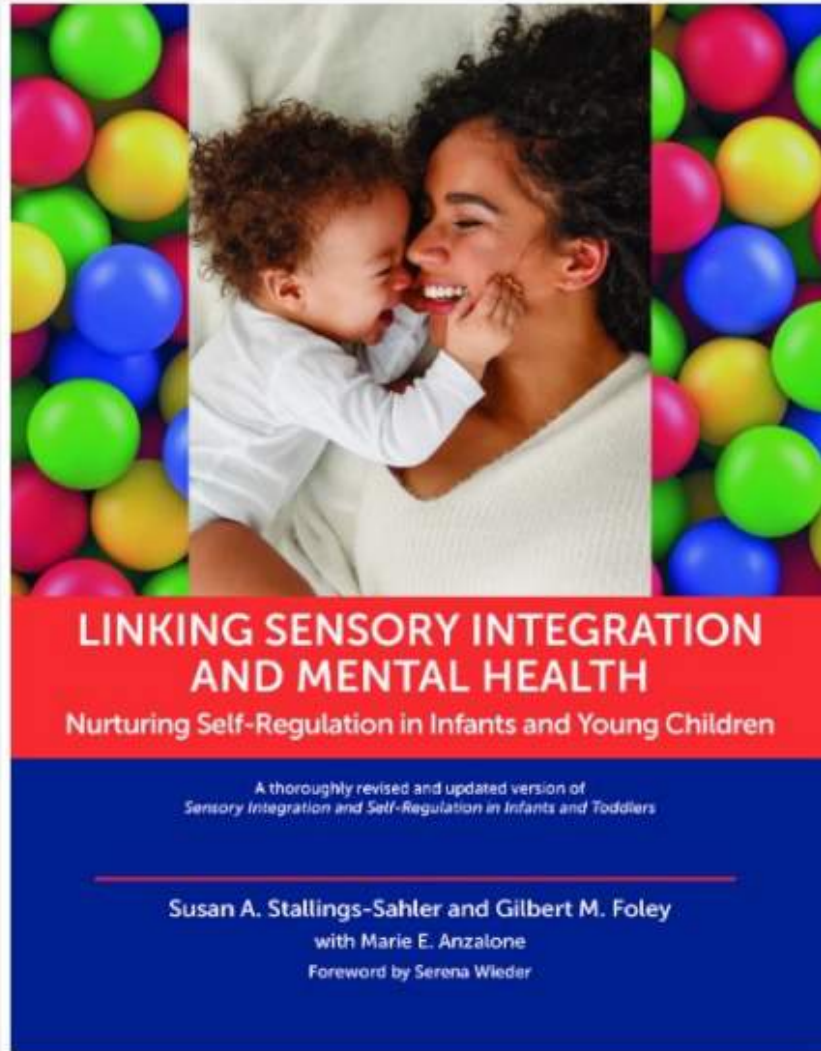
Two Learning Modules:

- 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!

MODULE I

Infant & Early Childhood Mental Health and the Impact of Adversity





Book can be purchased at:

<https://myzerotothree.force.com/s/store#/store/browse/detail/a3G8a00000ExzBOEAZ>

Or Call: 1-800-899-4301

For a signed copy, contact Gil at gilbertfoley@aol.com if you can pay by check. (Please do not send cash through the mail.)

Learning Objectives

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

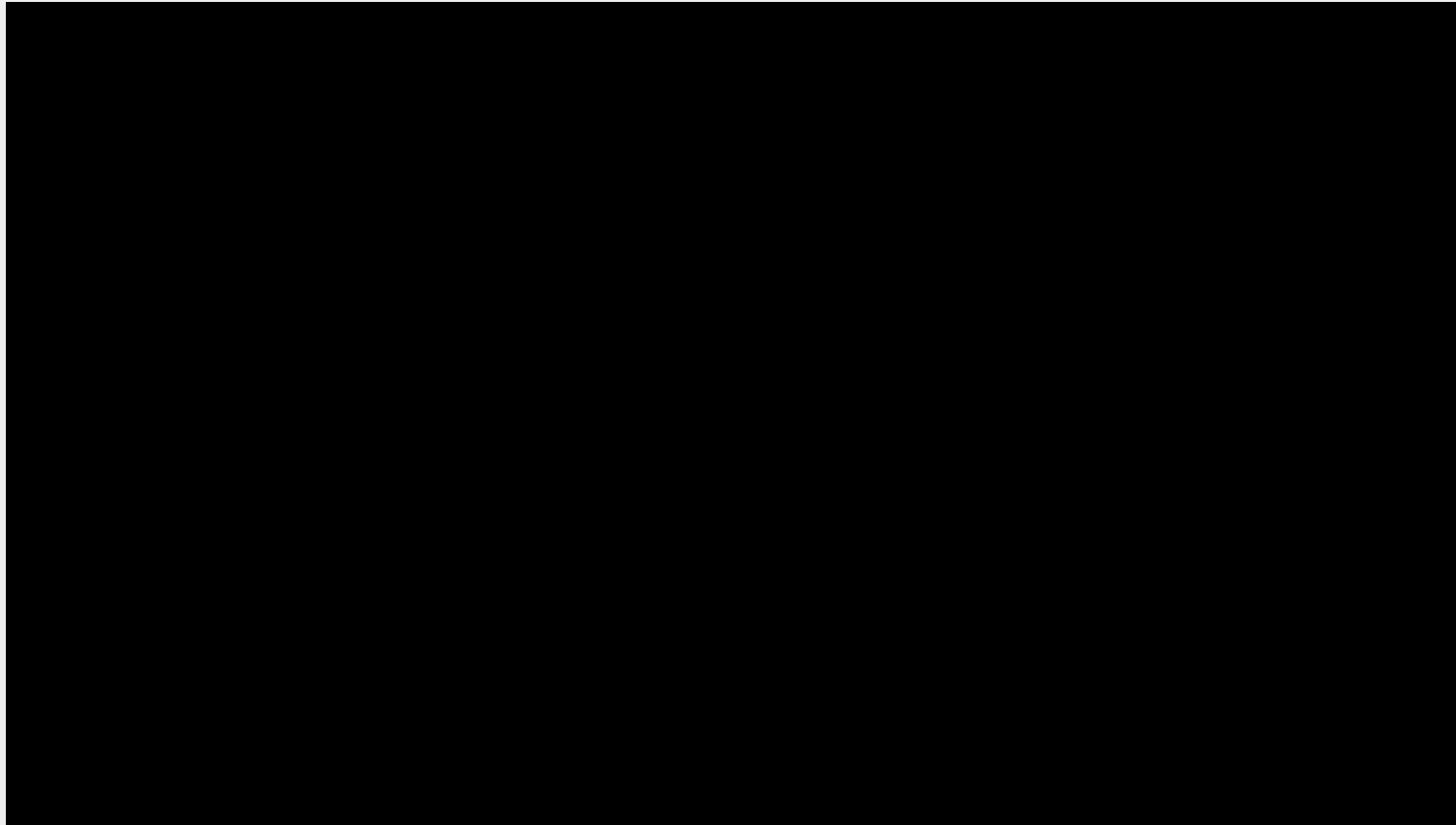
1. Describe the key relational features between caregivers and infants as they progress through the journey of falling-in-love, hatching and forming a separate self
2. Define attachment and the categories of attachment
3. Identify the qualities of relational caregiving that are most likely to promote the formation of a secure attachment
4. Characterize 3 strategies through a cultural lens that infant mental health professionals can employ to nurture secure and positive caregiver infant relationships

Survive and Thrive



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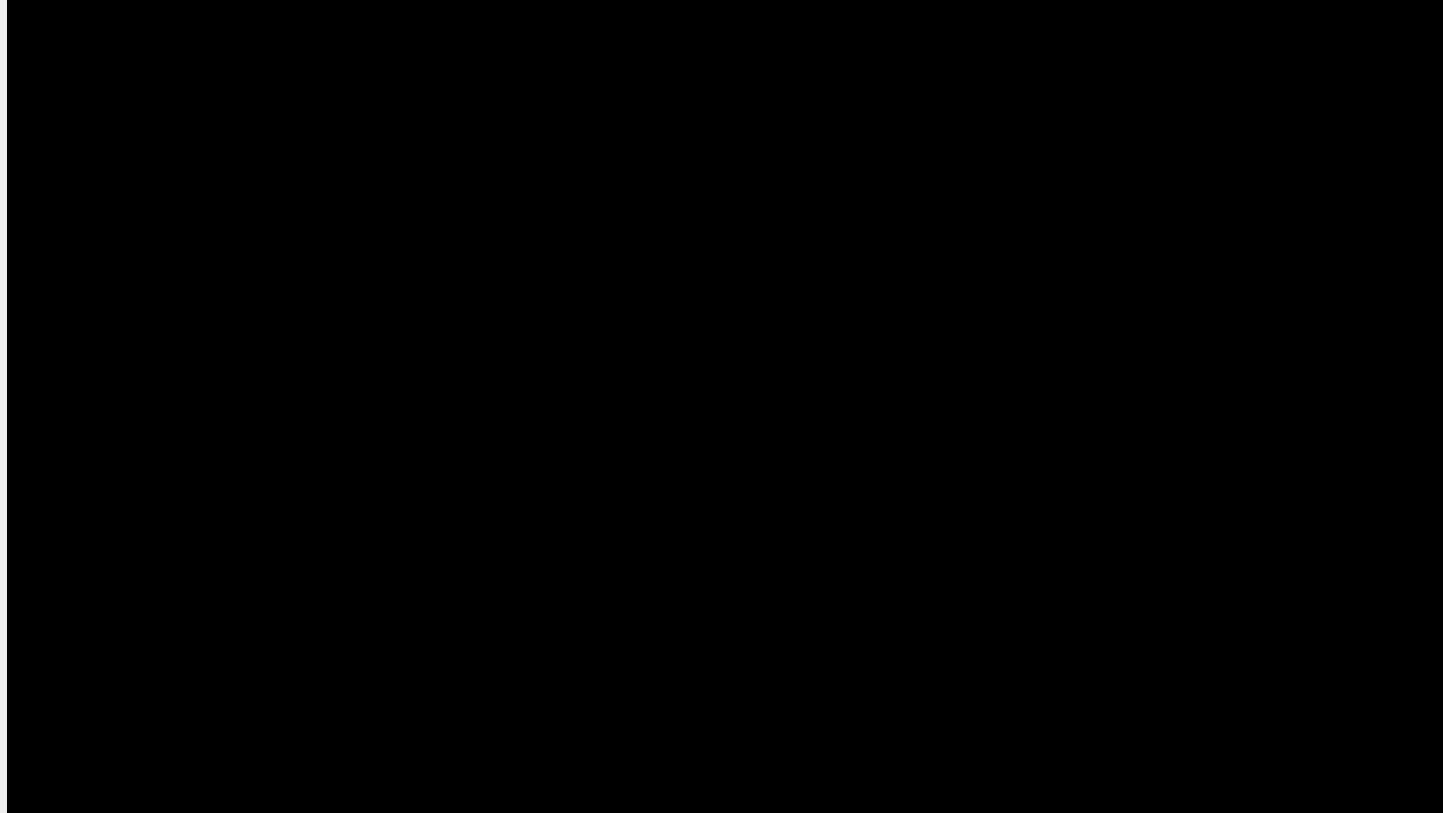
Emotional Deprivation in Infancy Study by Rene A. Spitz



<https://www.youtube.com/watch?v=8O5jynza2n4>



The Visual Cliff Experiment by Joseph Campos



<https://www.youtube.com/watch?v=F87RcxJPIbo>



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Attachment

If you are in a dangerous situation one's chances of survival are vastly increased if you are with a competent, loyal and responsive companion than if you are alone.

Infancy is a dangerous situation given the extended period of helplessness and dependency.

Attachment

Two sides of one coin

Survival



An enduring emotional tie



Attachment behaviors

Infants have inborn (hard wired) patterns of signaling a caregiver into **proximity** when in distress, danger or fear:

- Crying
- Sucking
- Clinging
- Face gazing
- Social smiling
- Grasping
- Cooing

Attachment Types

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

Secure Attachment

- Relating- Has learned that a few important adults are consistent sources of comfort and safety in times of distress or fear; has **confident expectation-trusts-** that adults will be there in times of need, threat or worry; is able to be comforted by a few key caregivers
- Emotions- Has flexible array of both positive ad negative emotions
- Social skills- Security predicts to positive social engagement-peers respond more readily and robustly to secure than insecure children

Secure Attachment

“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 (Karen,2024, p-66).”

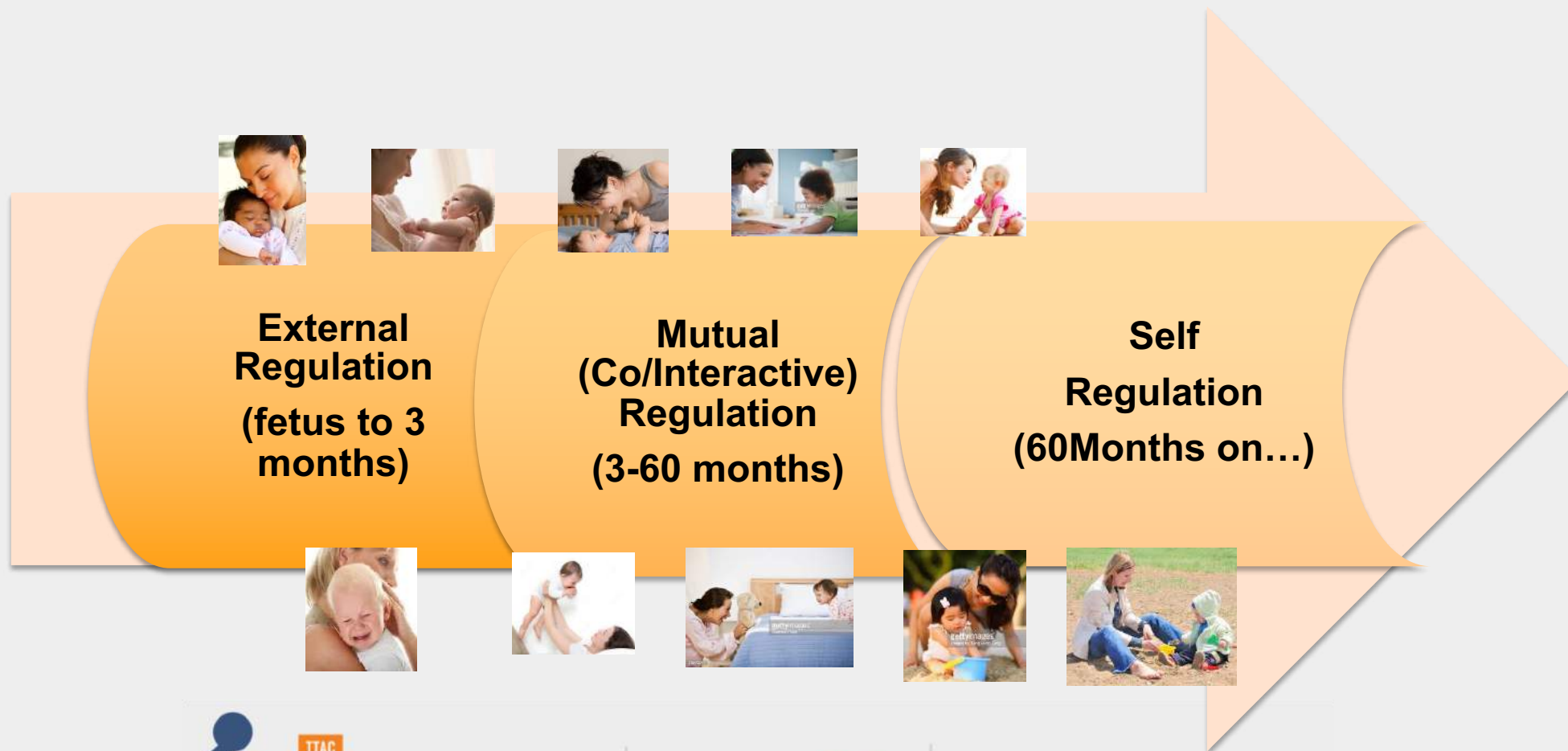


Qualities of Caregiving

most apt to spawn a secure attachment:

- Sensitive
- Responsive
- Reliable
- Continuous
- Benevolent
- Attuned

Regulation as a Developmental Process



Developmental Implications of Attachment

- Internal working model
- Secure base behavior
- We parent the way we were parented:
 - Research suggests about a 70% concordance between the attachment classification of the mother and the child by 1 year of age (Ward & Carlson, 1995)

First Falling-In-Love



Anticipating Baby: Attachment Readiness



- Empathy, attunement, assessing threat
- The hoped-for-child
- Identification with the fetus

Getting Acquainted

- Inborn patterns of action and reaction
- Discovering the body of the baby
- Reading cues
- Consistent patterns of caregiving
- Confidence in sustaining the life of the baby
- Providing comfort
- Characterizing baby
- “Primary parental preoccupation”



Attachment



- Molding and melting
- Preferential smile
- Recognizes primary caregiver as distinct and unique-an enduring emotional tie
- Confident expectation
- The child becomes aware that she lives in a world of “being seen by the other” mirroring and reflecting.
- “I am seen therefore I am.”

Becoming an Individual (separation- Individuation)

Discriminate Synchrony



- Separating has to main features:
the formation of boundaries and
the development of distance
between self and other
- Lap baby
- Lap-to-floor transition
- “Good-enough parenting”

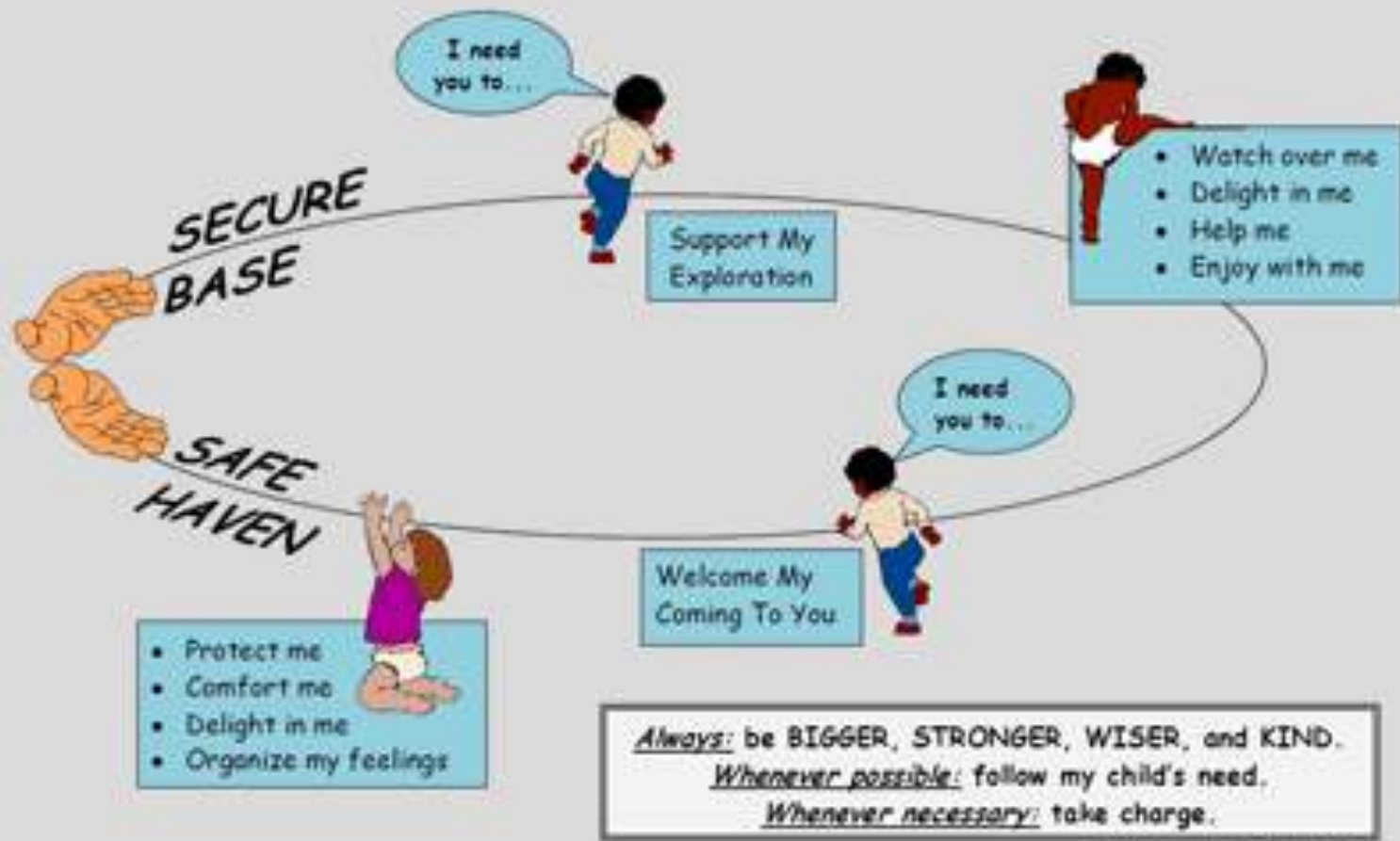
Distal Synchrony



- Upright locomotion and “leaving the nest” assert one’s will and proves one’s muscular mobility.
- Emotional refueling-secure base behavior
- To live means to expand aggressively, to act on one’s own terms and to construct and insist on one’s own boundaries-AGENCY.
- As separation begins, the gap between need and reality is bridged by the creation of a transitional object. This sustains the illusion of the presence of the caregiver in her/his absence. The caregiver can be felt even when she/he cannot be seen.

CIRCLE OF SECURITY[®]

PARENT ATTENDING TO THE CHILD'S NEEDS



Transitional Synchrony



- A challenge of fusion and separateness, progression and regression, autonomy and dependency: A conditional self.
- Potentially rough waters-developmental guidance
- Emotional quiet availability
- “Bigger, stronger wiser and kinder”
- Limit setting alters the Junior Toddler’s relationship to objects: “You may not touch this or that -do this or that -you may only look!” Here is the beginning of separation between the perception and the act-the wellspring of ideas and symbolization.

Self Synchrony



- The formation of a relatively constant multisensory mentalized representation of self and primary caregiver.
- The child can “see” her/himself in the minds-eye and can evoke the mentalized multisensory representation of the “good-enough parent” to refuel himself/herself emotionally in times of need and stress.

Self



- **“The sense of “I”, that is, the individual’s central awareness of being a sensory and thinking creature endowed with language, who can confront a self.” (Erikson & Erikson, 1982, p-85)**
- **Key features and markers of self- a sense of being:**
 - **Centered and constant**
 - **Active**
 - **Whole**
 - **Aware**

From Idea to Practice



Respect & Humility



Respect & Humility

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.

Respect & Humility

Parents know their child best

Respect & Humility

Make “no preconceived assumptions” about the family and monitor all judgements

Respect & Humility

IECMH is Strength-based

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

Culture Influences Development

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



Relationship & Use of Self

Relationship & Use of Self

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

Relationship & Use of Self

- Sensitive
- Responsive
- Reliable
- Continuous
- Benevolent
- Attuned

Relationship & Use of Self

Watch, wonder and listen deeply



Relationship & Use of Self

IECMH is relationship-based in concept and practice

Don't just do something; stand there and pay attention!

-Sally Provence

- A strong **working alliance** anchors and sustains the intervention relationship-positive regard, authenticity, openness
- **Emotionally available, attuned and preoccupied 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!**

Relationship & Use of Self

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

Relationship & Use of Self

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

Put into words and speak for baby

We reward success so success becomes rewarding

Relationship & Use of Self

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

IECMH Practice Principles

IECMH has always been trauma informed;
first by recognizing and treating **projected** trauma (Ghosts in the Nursery) and now by addressing **experiential** trauma

- Acknowledging that forces out of awareness exist- 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”
 - **Attuned to attributions, off-hand remarks, what’s avoided**

IECMH Practice Principles

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 self-monitoring and mindfulness**
- **By reflecting “on” the work we become better able to reflect “in” the work**

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