

TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center



Understanding Adult Mental Health In Early Childhood Systems: Implications for Parents, Children and Families

Part 2: Engagement and Practice Strategies

Who We Are

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

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for 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 Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



Visit the TTAC Website



About Trainings Resources Clinical Services

NYC Perinatal & Early Childhood Mental Health Provider Resources

Learn More

A Variety of Features:

- View upcoming and archived content, trainings, and resources on the **Trainings page**.
 - Access videos, slides, and presenter information
- 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

Explore all the provider resources at ttacny.org



Let's Recap

- Adult mental health is biopsychosocial + trauma-informed
- SMI ≠ inability to parent
- Intergenerational patterns matter
- Resilience is common and buildable

Today's Focus

- Our role as providers
- How bias and stigma show up
- How to engage caregivers effectively
- Practical strategies for supporting families

Reframing

From: What's wrong with this parent?"

To: What might this parent be experiencing?"



Biases are Normal and Universal

Shaped by:

- experience
- education
- culture
- systems



Please Chat

“What assumptions do providers commonly make about parents with SMI?”

Reflection

Think of a caregiver you you've had a difficulty engaging...

What assumptions may have been present?

How might those have influenced your approach?

What makes withholding judgment challenging?

Bias: Helper Heal Thyself

Why Discuss Biases?

- Impacts engagement
- Shapes interpretation of behavior
- Influences decision-making
- Affects family trust

How Do Biases Show Up?

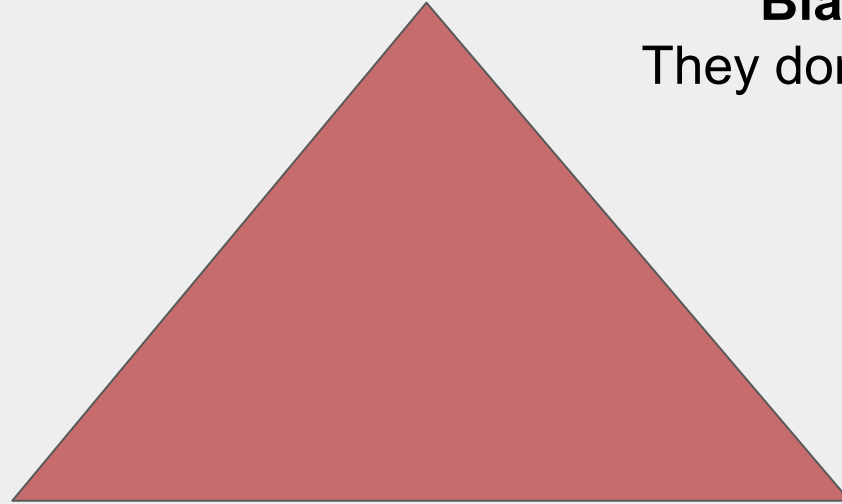
- Tone of voice
- Reduced empathy
- Jumping to conclusions
- Premature problem-solving
- Over- or under-estimating risk
- Others???

Common Biases

- “They’re not motivated”
- “They don’t care”
- “They’re manipulative”
- “They can’t parent safely”

Bias → Response → Impact

Bias:
They don't care



Response:
Scare tactics/More
directive → less
collaborative

Impact:
Parent disengages
→ confirms bias

Engagement is Everything

Without engagement, interventions fail

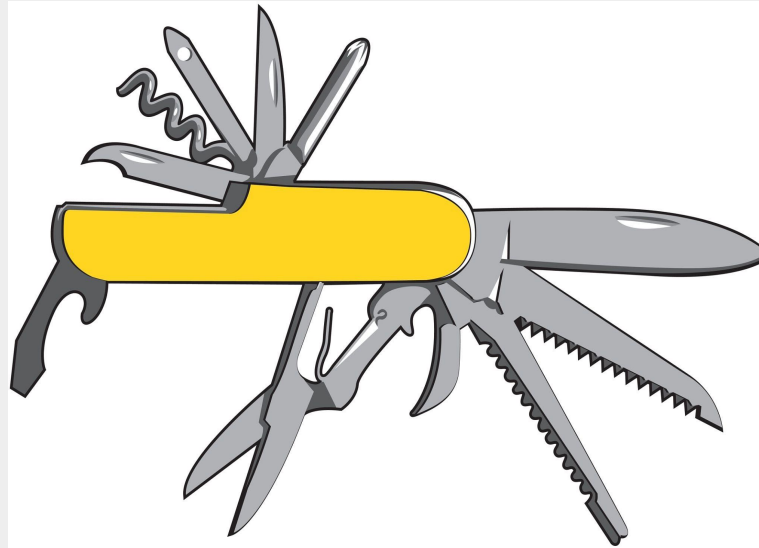
Resistance often reflects:

- fear
- mistrust
- prior experiences

Relationship IS the Intervention

Opportunity for modeling

Corrective emotional experience



Reduces stigma/bias

Teachable moment

Heals

What Predicts Positive Outcomes

Research consistently highlights:

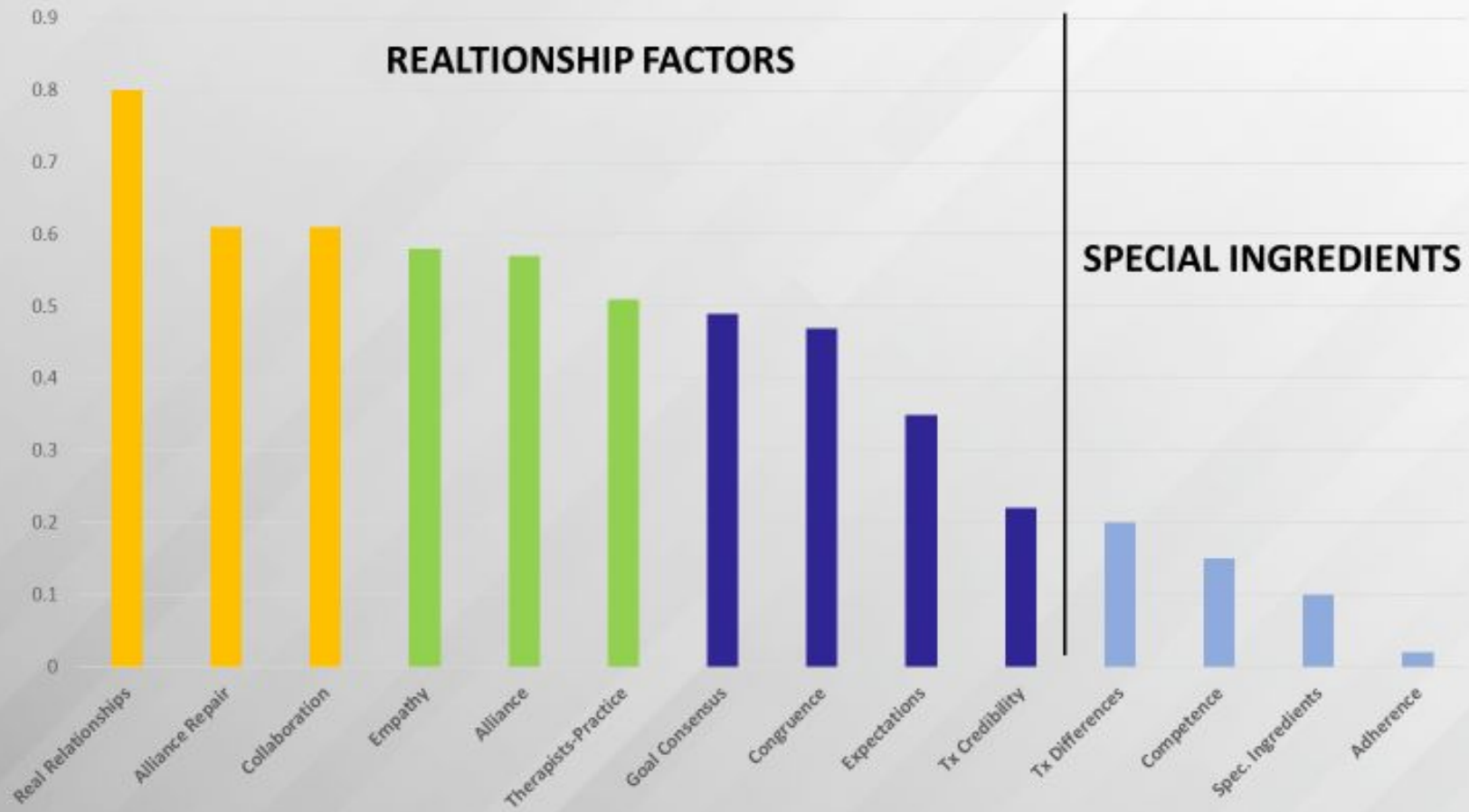
- therapeutic alliance
- empathy
- collaboration
- trust
- hope
- relationship quality

Norcross and Lambert, 2019

REALTIONSHIP FACTORS

SPECIAL INGREDIENTS

Effect Size



Norcross and Lambert (2019)

Let's Take a LEAP

Developed approach for working with individuals with limited insight

Listen

Empathize

Agree

Partner



Active Listening

- Being fully present
 - Letting go of “before and after”
 - Don’t interrupt
 - Connection over Correction
 - ***Be curious*** → ***Seek to understand***
- Hearing the needs underneath the client’s words



Please Chat

What do you listen for in your work?

Curiosity: the Anti Bias

- experiences of adversity or trauma
- fears and mistrust
- stressors and overwhelm
- strengths and resilience
- motivation for change
- unmet needs
- relationship patterns
- coping strategies

Needs

- Control
- Respect
- Help
- Like or Love
- Trust
- Play
- Attention
- Antagonize
- Approval

Empathy

- Allowing yourself to feel/internalize the patient's/family's needs (attending to non-verbal communication)
- Experiencing the other person's point of view/perspective
- Acknowledging/affirming the patient's needs
 - Your non-verbal responses are most important here; verbal responses without authentic non-verbals insufficient

Empathize - *Active* empathy

accurate emotional understanding = **empathy** = validation + normalization

- Validate emotional experience
- Normalize thoughts
- Not the behavior, but the feeling

Example:

“That sounds really overwhelming.”

Validation Video



Validation and Normalization

Validation Strategies

Examples:

- “That makes sense given what you’ve been dealing with.”
- “A lot of parents would feel overwhelmed in that situation.”
- “You’ve been carrying a lot.”

Normalization vs Minimization

Normalization:

“Many parents experience this.”

NOT:

“It’s not a big deal.”

Validate Feelings

Feelings First

Key points:

- Validation means letting people know their feelings make sense
- It does not mean agreeing with everything they do
- Feeling understood decreases fear and defensiveness

Validation ≠ Permission

You Can Validate and Set Limits

Examples:

- “I can see you’re angry. It’s okay to feel angry. It’s not okay to hit.”
- “I know this is disappointing. We’re still leaving now.”
- “I get that this feels hard. We still need to do this safely.”

Please Chat

What is a validating statement you've used successfully?
Can you think about missed opportunities to validate?



Exchange Information

- Sensitive inquiry about the information you need from the family to fully understand the situation
- Reciprocal education (you each are essentially educating the other)...
 - The patient is teaching you about their life, their circumstances, their child, etc.
 - You also begin to educate/inform them about what they need to know in order for you to be helpful to them and their child

From Curiosity to Relational Response

- experiences of adversity or trauma → educate/normalize
- fears and mistrust → validate/explore/reassure
- stressors and overwhelm → validate/normalize/accept/sit with
- strengths and resilience → affirm liberally
- motivation for change → promote/explore (confidence/importance)
- unmet needs → explore and problem solve
- relationship patterns → get curious (what helps/what hurts)
- coping strategies → amplify/strengthen/add

Agree

- Form agreement on what might be the problem and/or possible next steps
- Find shared truths
- Align on goals
- Repair Ruptures

Example:

“I want for Lucas to be successful almost as much as you do.”

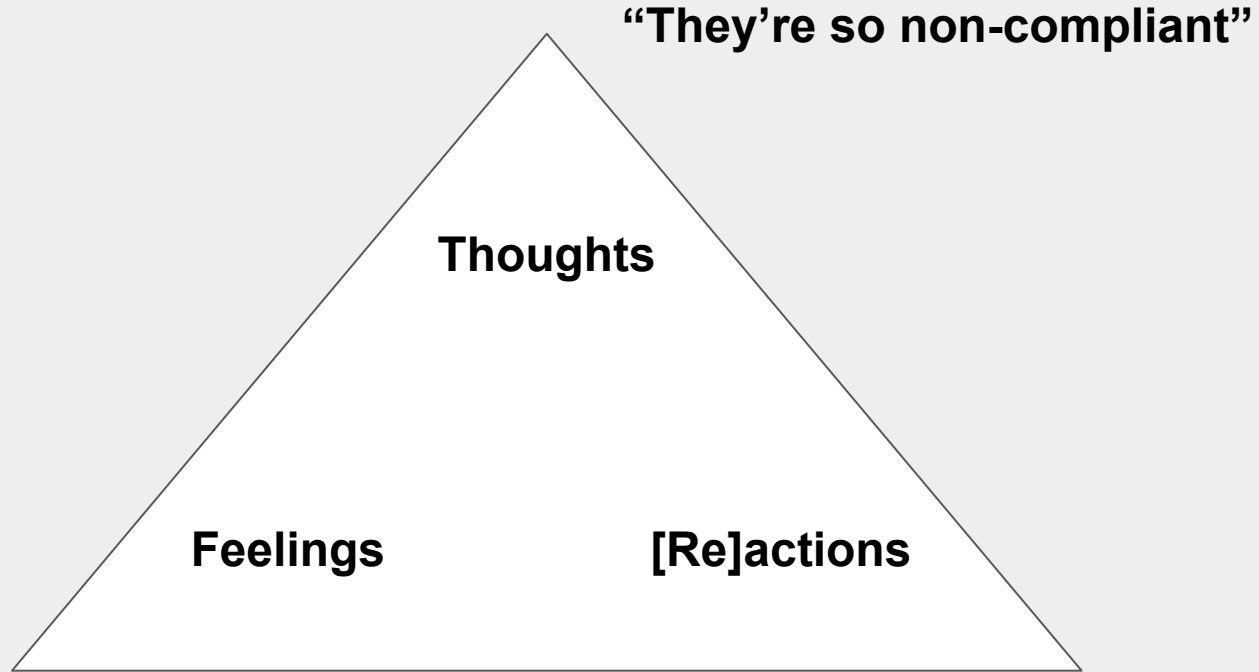
“I’d really like to work together with you

Language Matters

Instead of:

- “Noncompliant” → “Facing barriers”
- “Difficult” → “Overwhelmed”
- “Challenging” → “Doing their best”

Why Language Matters



“Frustration/Stuck”



Reframing Resistance

What looks like resistance is often a reflection of barriers.



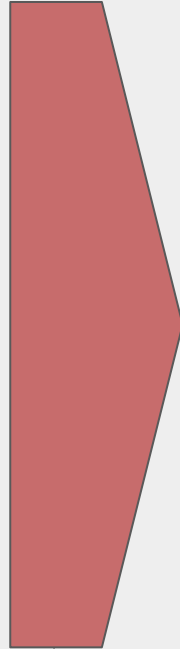
Rupture and Repair Matter

parents with:

- trauma
- attachment disruption
- SMI
- stigma histories

may be highly sensitive to:

- rejection
- Misunderstanding
- TMI



Rupture is normal
NOT Resistance

What Matters Most:

- acknowledging them
- staying engaged
- rebuilding trust

Dance with Discord

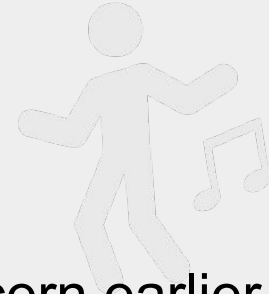


- Signal that we are out of sync/misattuned to the client
 - Signs include arguing, interrupting you, ignoring, defensiveness, etc.
- Important to “resist the righting reflex” or urge to persuade
 - Increases/reinforces the distance between us and the other person

Rupture and Repair

- Discord (or misattunement) can lead to rupture
 - Strain or deterioration of the alliance between provider and client
- Important to recognize and attend to relational ruptures
 - Name the shift in the room
 - Clarify misunderstandings
 - Explain intentions while acknowledging impact
 - Revisit the purpose and goals of services
 - Explore the emotional experience and relational meaning of the rupture
- Repair can provide a healing relational experience

Dance with Discord



- Use empathetic response techniques
 - “I think I may have misunderstood your concern earlier.”
 - “I wonder if what I said felt judgmental.”
- Promote autonomy
 - *“The decision is completely yours.”*
- Suggest alternatives that meet the other person where they are
 - *“If you don’t feel comfortable sharing details, could you share with me how you think your past impacts you now?”*

Partner

Partnering and shared decision-making with family

- Collaborate on next steps
- Share power
- Shared problem-solving (including evaluating barriers to treatment plans)
- Shared solution/plan formation

Examples:

“What do you think would help Lucas succeed.”

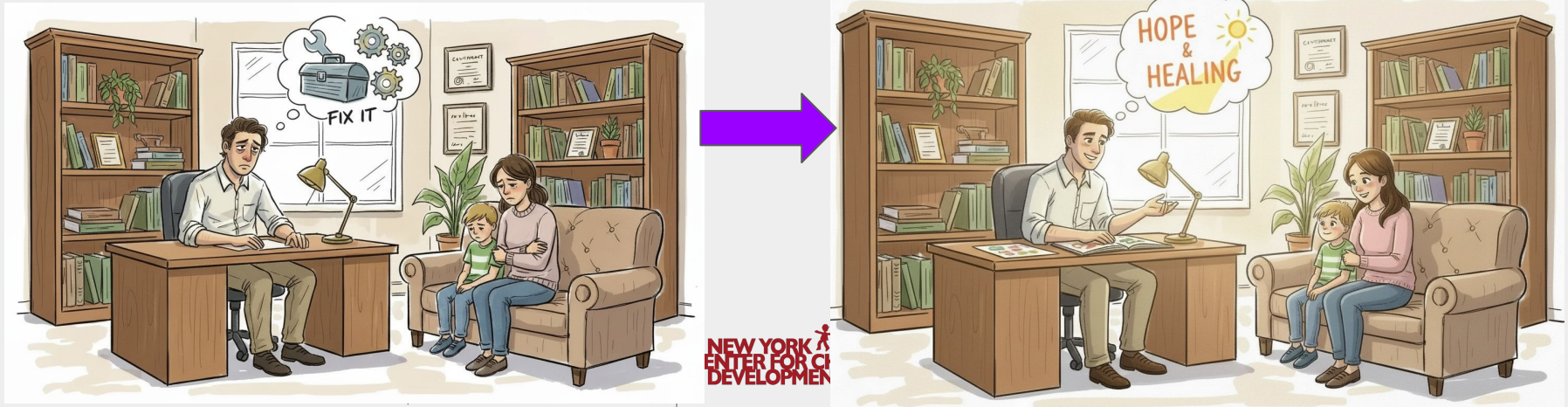
“I would be happy to work with you to raise Lucas in a different way than the way you were. How can I help?”



Partnership = Provider Well-being

Working in partnership reduces provider burnout. There is a hidden benefit to an approach driven by partnership: it protects you, too!

Moving from a 'fixer' role to a 'partner' role



What to Partner On?

Areas of Relational Support

- **co-regulation**
- **attachment security**
- **emotional attunement**
- **caregiver stress management**
- **predictable routines**
- **rupture repair**

Parenting Strategies are Not Context Free

The impact of parenting interventions may vary depending on:

- attachment history
- trauma exposure
- caregiver responsiveness
- child temperament
- emotional meaning of the behavior

Please Chat

What helps YOU regulate during stressful moments?



Focus on Co-regulation

Providers may:

- model calm presence
- slow interactions down
- help caregivers recognize cues
- reinforce repair after distress
- support caregiver regulation first

Supporting Parents with Cognitive Challenges

Helpful strategies:

- simplify information
- avoid jargon
- repeat and summarize
- use visuals/modeling
- break tasks into smaller steps
- focus on one skill at a time
- check for understanding
- use routines and consistency

LEAP in Practice

Scenario:

Maria misses appointments

Traditional response:

“You need to attend consistently”

LEAP approach:

- Listen: “What’s been getting in the way?”
- Empathize: “That sounds like a lot to manage”
- Agree: “You want things to improve for Lucas”
- Partner: “What would make this easier?”

How Does this Change Child Interventions

Instead of only asking:

“How do we stop the behavior?”

We also ask:

- What is the child communicating?
- What does the child need relationally?
- What stressors may be shaping behavior?
- How can we support regulation and safety?

Effective Child Interventions Depend On:

- attachment history
- trauma exposure
- relationship quality
- caregiver regulation
- child meaning-making

Barriers to Access

Structural

Psychological

Practical



What Can We Do?

Support caregiver regulation

Strengthen relationships

Reduce shame

Connect to resources



Co-Regulate

- Model calm presence
- Support parent in regulating child
- Focus on relationship

Supporting the Parent-Child Relationship

- Highlight strengths
- Reinforce positive interactions
- Build confidence

Returning to our Guides

- What are Maria's needs?
- What are Lucas' needs?
- What are the system opportunities?

Key Takeaways

Bias impacts practice

Engagement is foundational

Small shifts matter

Supporting parents supports children



Final Reflection

“What is one thing you will do differently after today?”





TTAC

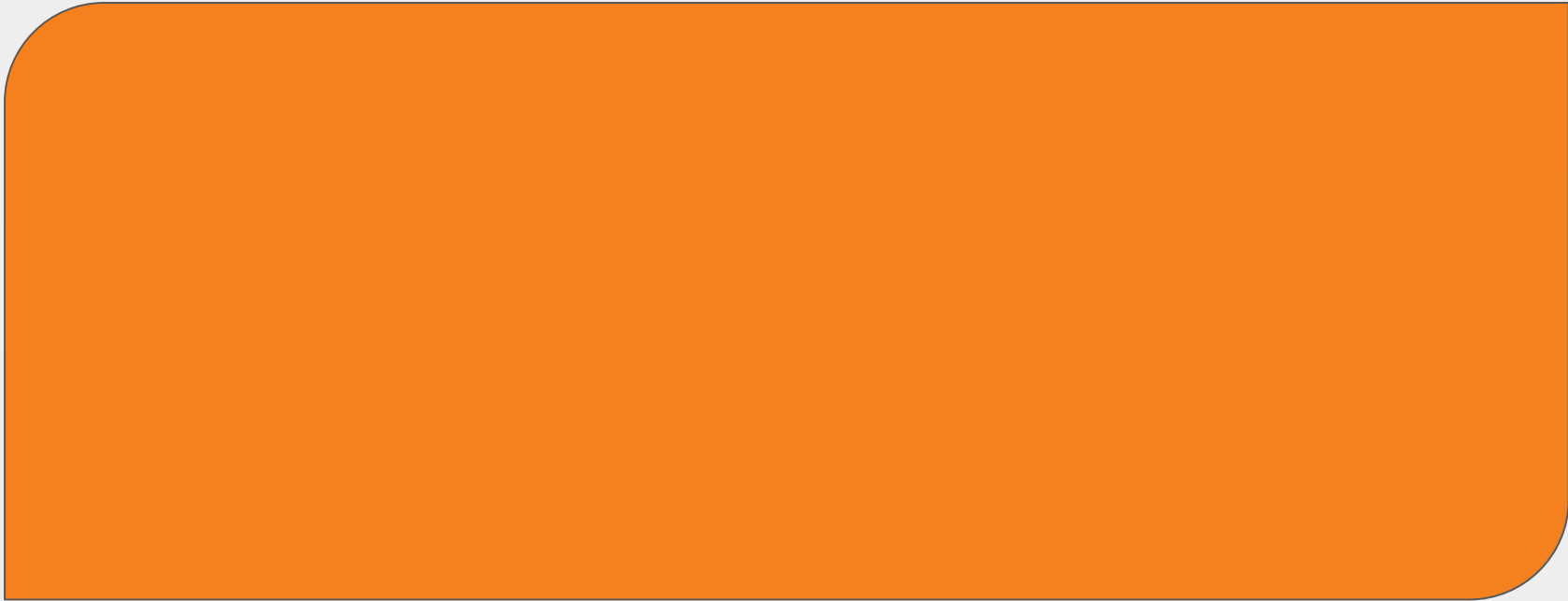
Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center

NEW YORK STATE
CENTER FOR CHILD
DEVELOPMENT



McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH
NEW YORK UNIVERSITY



TTAC

Perinatal and Early Childhood
Mental Health Network
Training and Technical Assistance Center

NEW YORK 
CENTER FOR CHILD
DEVELOPMENT



McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH
NEW YORK UNIVERSITY