

TTAC

NYC Early Childhood
Mental Health

Training and Technical Assistance Center



The Integration of Infant & Early Childhood Mental Health & Development: The DIR® Model

Presented by: Serena Wieder, Ph.D
Co-Creator of the DIR Model

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded through Mayor's Office of Community Mental Health, 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** 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 New 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

NEW WEBSITE!

Explore the provider resources at ttacny.org

NYC Early Childhood Mental Health Provider Resources

Learn More

OHMH BUREAU OF EARLY INTERVENTION E-LEARNING SERIES
Foundations of Social-emotional Development in Infants and Toddlers

COVID-19 RESOURCES
Resources available for COVID-19, Self-Care, Loss & Grief, & Children's Resilience Workbook

EARLY CHILDHOOD MENTAL HEALTH NETWORK
Mental health services for young children & families - referral information



Developmental

Individual Difference

Relationship Based Model

Reuniting Development and
Mental Health

Through a
Relationship Lens

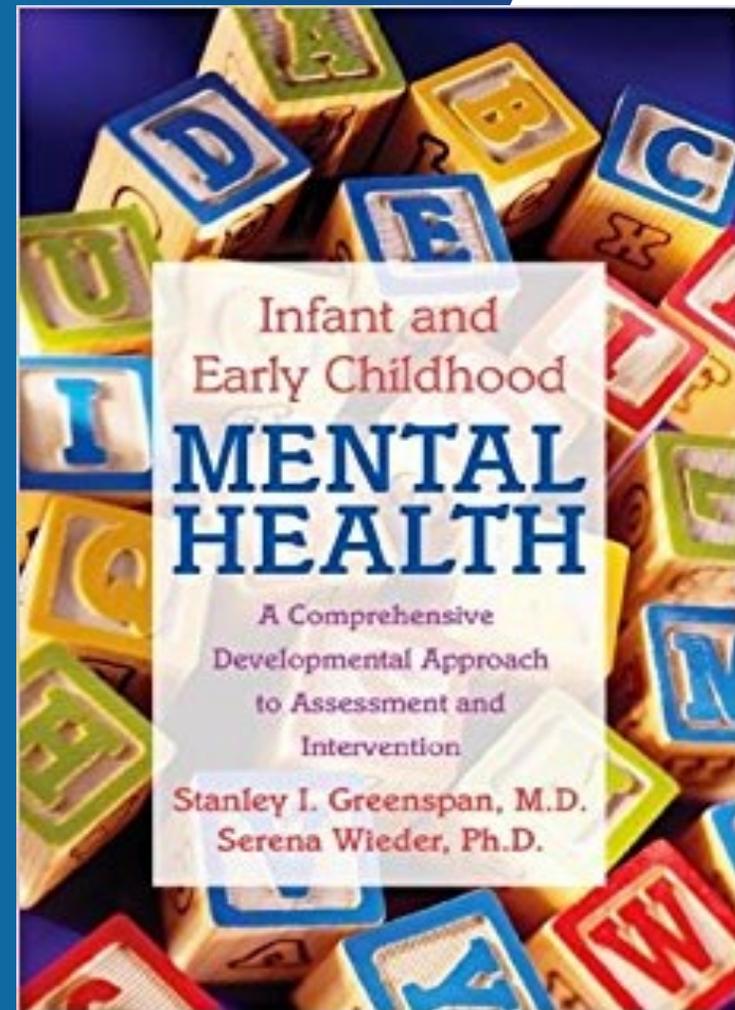
TTAC 2021

Serena Wieder, Ph.D

Co-Creator of the DIR Model
Clinical Director of Profectum Foundation

DIR

2006



DATE published:2006

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Did we need another model or theory of development?

YES

To integrate emerging knowledge:

About the body, brain and emotions

About the impact of individual differences on all children

Define functional emotional developmental capacities in all children with emotional and developmental challenges

To establish foundations for the future

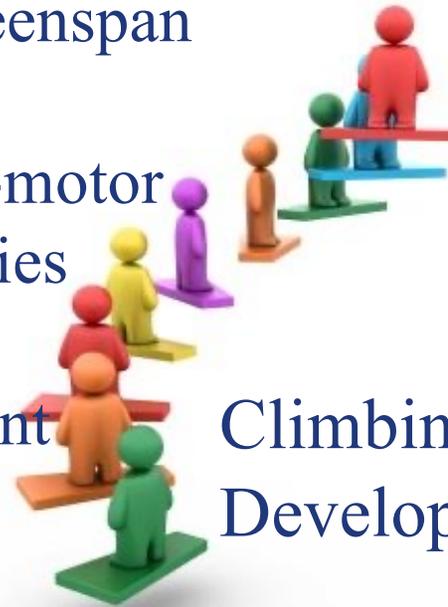
Our challenge was how to bridge the two worlds of development and IMH?

There is “development” and then there is “DIR”

The Developmental,
Individual Difference,
Relationship based Model

Serena Wieder and the late Stanley Greenspan pioneered the integration of individual neurobiological differences of sensory-motor processing with developmental capacities and relationships in a comprehensive Multidimensional model of development that integrates

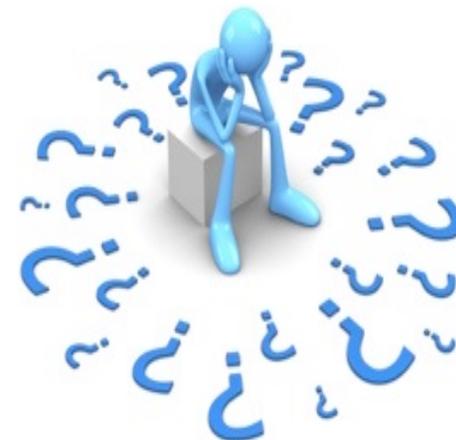
Body-Brain and Emotions



Climbing the DIR
Developmental Ladder

Why aren't IECMH and Developmental intervention more related?

- Why haven't developmental interventions embraced the principles of IMH?
- Why does IMH generally just speak of the “infant” or the “toddler”?
- Isn't each child unique with differences?
- Are only children with autism one of a kind?
- Is IMH a domain of development?



Two Worlds or One?





How do we think of IECMH?



- IMH has become a body of interventions – for attachment, maternal availability, high risk, multiproblem families, abuse, trauma, loss...parenting, parent stress and depression....
- **We trust theory, insight, reflection and we are part of the intervention. We know relationships are the cornerstone of Mental Health?**



How do we think of IECMH?



We are concerned with **how-**

- Relationships will support safety and security
- A child develops socially and emotionally
- A child self-regulates and expresses a range of emotions
- A child functions and adapts and can be resilient
- MH difficulties start and if they will pose continuity

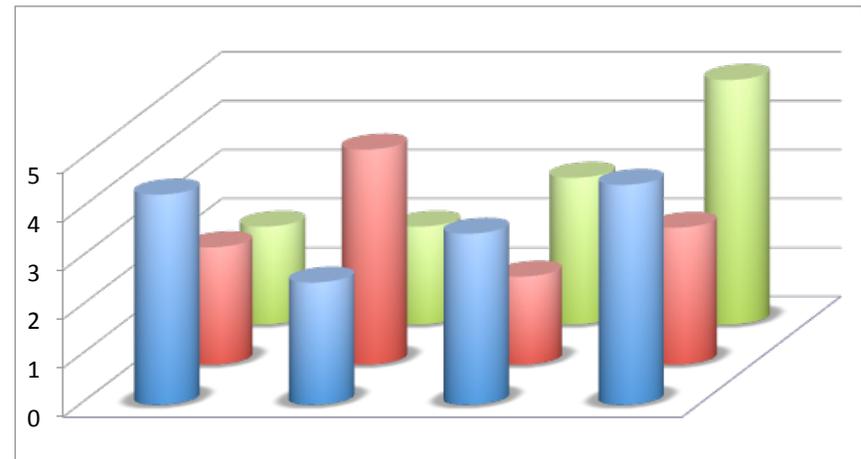
- **But are children “one” of a kind? Are families?**

How do you think of Development? A Milestone or a Dynamic Integrative Process that Creates Growth and Progress

Cannot think of one
area of development
without **integrating**
each with the other
domains

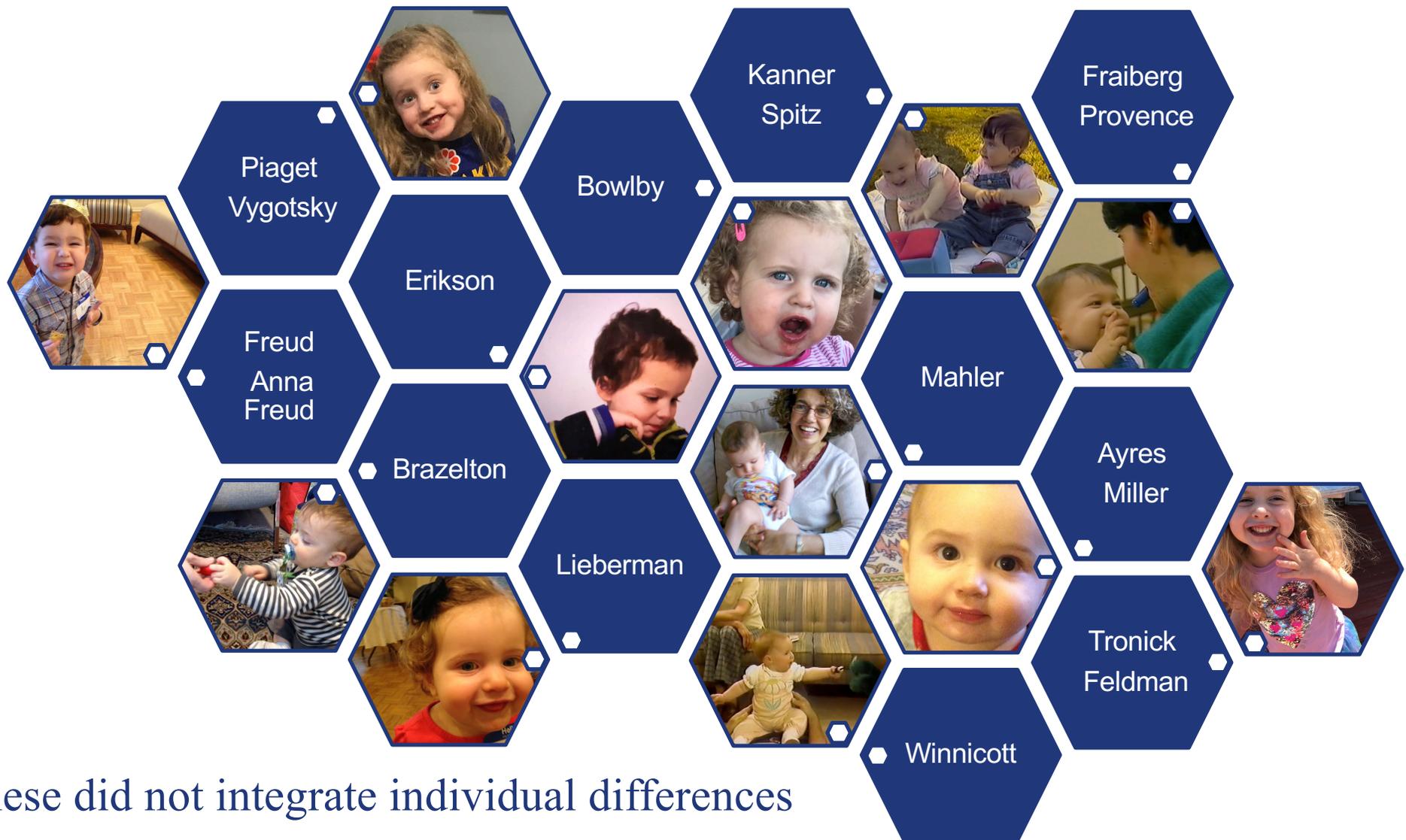
All domains function
simultaneously and in
synchrony

As SILOS



Health, Height, Weight, Growth,
Cognition, Language, Fine Motor,
Gross Motor, Sensory-Motor
Processing,
Social, emotional....

The Many “Revolutions” in the Care of Young Children and Families in the Last Century



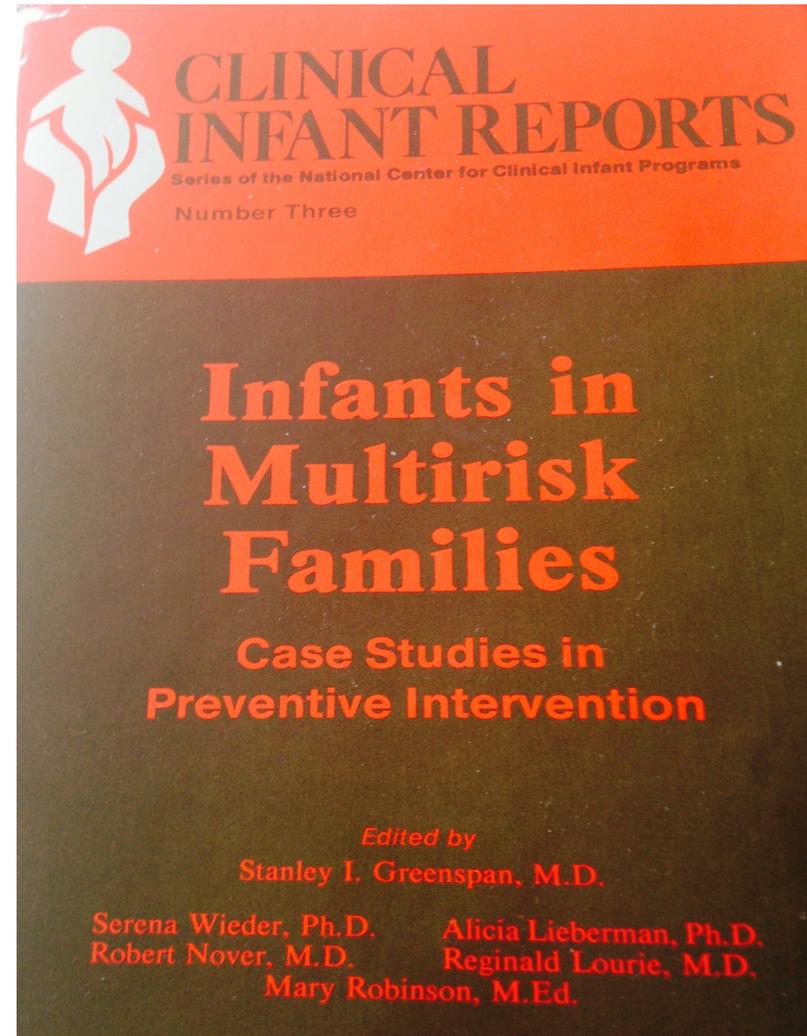
These did not integrate individual differences

DIR emerged from the Clinical Infant Development Program –NIMH

- Six year longitudinal study
- How psychopathology develops in infants from multirisk families?
- How caregiving patterns affect the infant's development?

Concerned infants born with constitutional vulnerabilities living in chronically unsupportive circumstances would be likely to experience successive developmental failures.

What clinical techniques and service delivery models needed for preventive intervention?



We questioned how would we know who was on track developmentally and who wasn't?

And development of what?

Some were thriving but others not

Some formed attachments and some could not

Some were resilient and others were not

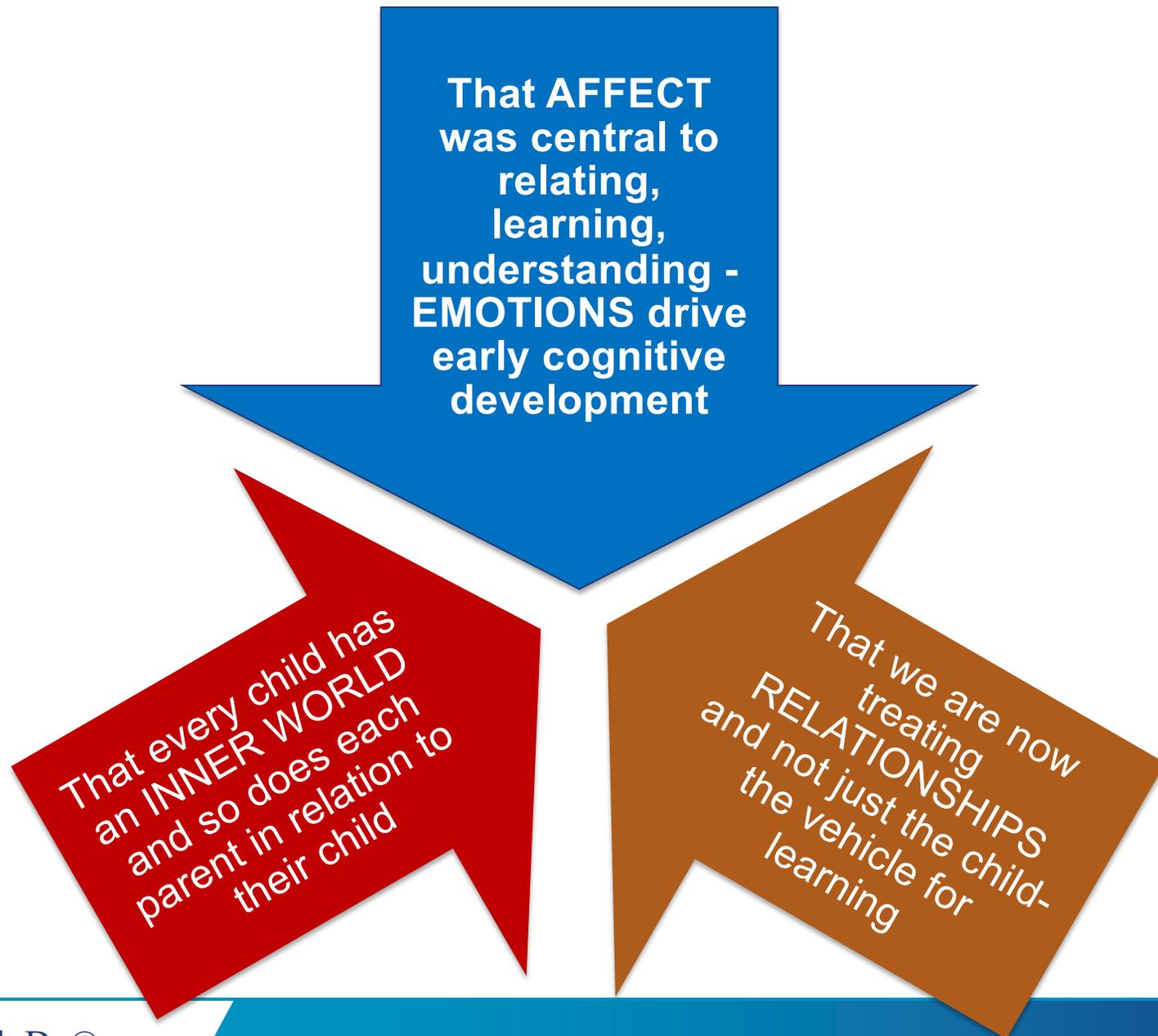
We started with home visiting and added

Each infant, dyad and family were different
And so DIR evolved

We took the Essentials of Mental Health, Developmental Processes & Embraced Complexity

- Focus on attachment and relationships – nurture children and parents together – play together
 - Behavior always has meaning
 - From the start understand individual differences in sensory and motor processes
 - Enable parents to better enable their children and themselves through understanding and reflection
 - Focus on Emotional Regulation – managing impulse, attention, anxiety, behavior across the range of feelings
 - Nurture an inner world and a symbolic world
 - Develop foundations for the future- **The Future is NOW**
- 

What does IMH contribute to Development?



What does Development contribute to IMH?

- That development builds on what has already developed
- That everyone has individual differences and needs tailored interventions
- That competencies come from experience and intent – not training or teaching
- That integrated interdisciplinary models are necessary
- Has understanding of executive functions and learning differences
- That intervention needs to be comprehensive
- Developmental intervention has addressed a large range of special needs challenges and delays
 - Provides measurements, tools and resources

We do not teach development

We inspire development

We activate development

Through

Relationships

Integration is the Hallmark of the DIR Model

The DIR Profile

Developmental:

A child's development is not solely about milestones, but how these processes work together with the environment and culture to shape functional emotional capacities that provide foundations for the lifespan

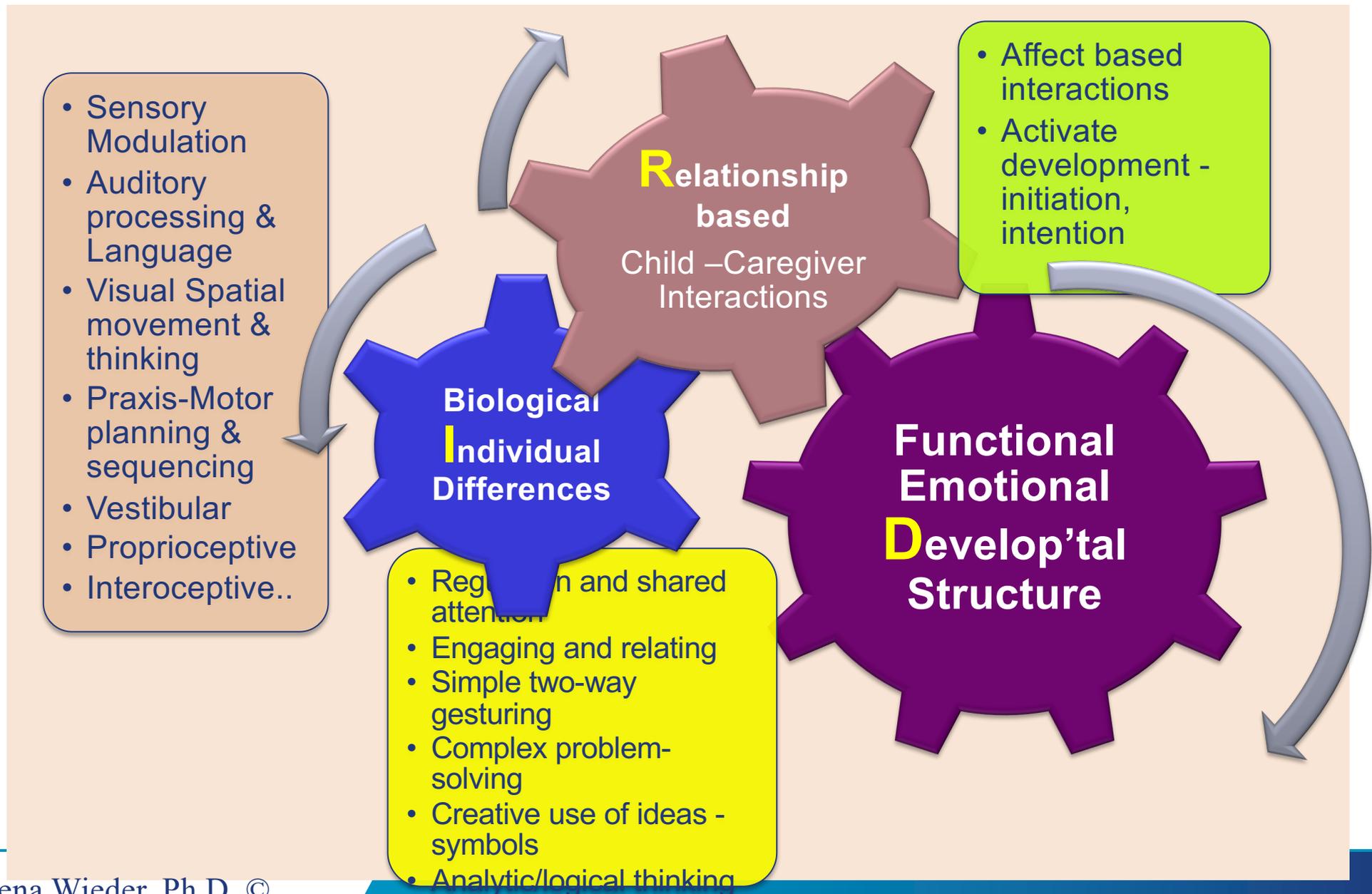
Individual Differences:

Children have unique physiological, neurological, psychological, communication, motor and sensory processing differences.

Relationship:

Parent/caregiver relationships play a vital role in shaping all aspects of development, especially social emotional growth & MH.

DIR: Developmental, Individual Difference, Relationship A Dynamic System of Development



DIR's Functional Emotional Development is a Template for Mental Health

For IECMH, every infant and toddler needs the joyful interactions relationships but **also** a foundation of developmental capacities – **the structure for the stage of life!**

DIR

DIR provides a relationship model from the start where interaction and experience promote emotional development, regulation, and mental health

A Developmental Perspective Presumes

- *All* children have an *inherent* capacity to grow psychologically, emotionally, cognitively
Presume competence
- *All* children have the *desire and need* to engage in relationships
- *All* children develop through *transformative* stages that unfold to reach higher levels of emotional and cognitive competence through relationships

The “D”: FEDL I – Regulation and Shared Attention

Ability to attend, to be calm & begin to interact with others.

Emotional interactions are experienced by the infant as unique sensations and babies learn through their senses

This is where the sensory-affect-motor connections begin (0-3m)

What is it like for the parent and caregiver?

The IMH Focus:

- When the infant has difficulty with sleep or is fussy
- When the caregiver feels there is something wrong with the baby or something wrong with her
- What if parent is depressed or over-anxious or simply not getting enough support or rest
- When parent does not read crying as a signal or overstimulates the baby trying to calm her
- If parent listens to advice to “let the baby cry it out”
- If baby has not settled down by 3-4 months

- What happens to the relationship when these issues persist?

Parents need support to develop too!

Ask for the child's and parent's history of all capacities.

“D” II. Forming Attachments and Engaging in Relationships & Emotions

- During the next first four months, infant and parents become more intimate as they interact with warmth, trust and intimacy. They each **use their senses** to enjoy each other through looks, hugs, songs and dancing together.
- Over time the child will need to remain related and engaged across the full range of emotions, even when disappointed, scared, angry or feeling other stress. **Feelings are first experienced in their bodies and then identified in gestures and symbols.**

FEDL Level II: Engaging and Relating –Attachment

Joyful emotions enable infant **to coordinate** gazing, listening, **moving in synchronous interaction**-later engage around all feelings. Begin to recognize patterns in parent's voices and **emotional signals**.

The birth of relating and relationships

- Distinguishes parent from others
 - Positive joyful emotions enable infant to coordinate gazing, listening, moving in synchronous interactions
 - Begin to recognize patterns in parent's voices and **emotional signals**
- Sensation and Movement in synchrony
 - Gazes while fed
 - Connects to vocalizations
- Recognizes and follows caregiver
- Forms attachment, social smile established – begin to see evidence of reciprocal interaction

Development is constructed by the relationships in a child's life.

- It is a dynamic bidirectional process in which adults need to recognize the child's individual differences, emotional and physiological co-regulation, and the child's social and emotional capacities, all in real time.

Ed Tronick

Both the child's and caregiver's emotions and experience are our guide to their inner lives and are not extraneous or something to ever be overlooked in our interactions.

- We are part of these interactions and must bring reflection to our practice.

III. Intentional Two-Way Affective Communication

- Between four and ten months, purposeful, **continuous flow** of interactions with gestures and reciprocating emotions gets underway.
- The infant begins to act **purposefully**, now that she has increasing motor control and is more aware of her body and the functions it can perform.
- As the infant gains **motor control** over her body and intent, she is better able to communicate her desires. With emerging abilities to reach; sit and turn; crawl and creep; and give and take or drop objects, the infant's awareness of the **interpersonal world** is growing, as is her awareness of her body in space and in relation to others who may also be moving.

As infant matures, begins to take charge of their experience –
discover, initiate, **become intentional** – Beginning of “self”

Simultaneous Cognitive Development

- Intelligence is forming as baby discriminates the difference between mother's and father's voice and touch; show interest –joint attention; have preferences
- **Dual coding of experience** is key to understanding **how emotions organize intellectual abilities**- even at a few days infants react to sensations emotionally – suck harder to see mother's image, prefer mother's touch and smell, like sweet liquids. Later learn hot and cold from baths and bottles, and a little or a lot based on how much of what they like, they get!

“D”: FEDL Level III – Two-Way Communication

Parent responds to child’s emotional signals and child reads and responds to hers. **Early signals develop into symbols**

Affective Preverbal Connections Lead to Integration

- *Usually, an infant connects the sensory system to the motor system through affect*, e.g., seeing the caregiver's smiling face or hearing her wooing voice entices the infant to **turn** and **look** and **listen** and **reciprocate** -smile back.
 - Through many of these interactions the infant begins to **recognize patterns** as they share attention, take pleasure in interactions, read each others' cues and respond to each other over and over again through **gaze, vocalizations, and gestures**.
- The essence of a **bottom-up approach** to intervention

The DIR Autism Hypothesis

Could the child's lack of affective reciprocal interactions be derailing the learning of social and intellectual skills?

We questioned whether some of the difficulties were secondary to underlying sensory motor processing challenges?

- In Autism child has biological/neurological **difficulty in connecting emotion to their emerging ability to plan and sequence their movement and actions**
- Complex interactions are difficult and may resort to simple or repetitive behaviors
- Without the capacity to **connect affect or intent** to these fundamental capacities, especially the initial motor planning capacities, are unable to develop in an appropriate manner.

FEDC Level IV Complex Social Problem Solving

Emotional Signaling between two children

IV. Complex Social Problem Solving

requires communication, connection and continuous flow

- Between 9 and 18 months, an infant has learned the back and forth rhythm of **interactive emotional signaling** and begins to use this ability to think about and solve problems that are **emotionally meaningful** to get what he wants, such as pulling mommy to the door to go outside and play.
- All of the child's senses **work with his motor system** as he interacts with others to solve problems. Difficulties arise when he becomes aware that things are not as they should be based on his memory of prior experiences and encounters new difficulties to solve as his experience expands.

Level IV Complex Social Problem Solving

Use Purposeful Actions to get help & explore & discover

FEDC Level IV – Complex Social Problem Solving – share puzzle; run get ball for friend

Intent, initiation and Continuous Flow

- Is able to problem solve through social interactions in a **continuous flow** using long sequences of gestures
 - leads you to object, imitates sequences, social play
 - Uses sequence of **multiple gestures to signal** what they want to do or get and regulate mood and behaviors
 - More elaborate interactions **lead to a more complex sense of self-** predict adult behavioral patterns and how to respond (be quiet if daddy is grumpy, wait for mommy to have her coffee)

9 >18 months

FEDC Level IV - Begin to Pretend
based on *objects understood through experience*

V. Creating Emotional Ideas

- Is able to represent or **symbolize intentions, feelings and ideas** in imaginative play or language using words and symbols
18 >30 months
- It is through **emotional interactions that images acquire meaning** – what is an apple? What is love?
 - “Love you” (without hug), “Me mad” (without hitting)
- **Separate action from perception -Pretend play** to symbolize real or imagined events
- Can reason and **use symbols to manipulate ideas** in her mind without having to carry out actions
- Labels and rote words don't convey meaningful language such as “come play with me”, or “I don't like that”.

FEDC V Creative Use of Ideas-Emotional Thinking Emerges

Realistic and logical sequences of pretend play

VI- Emotional Thinking, Sense of Reality Logical and Abstract Thinking

- Bridges and combines ideas together to become logical and abstract ; able to differentiate reality from fantasy, self from non self, one feeling from another, and across time and space. >30-40 months
 - Can respond to **why questions**
 - Understand how one event leads to another
 - Ongoing interactions with others connects experiences which are **“me” and “not me”**
 - Supports following social rules of the group to belong
- **VII – IX:** Multicause, Relativistic, Reflective Thinking

Level VI – Logical & Abstract Thinking

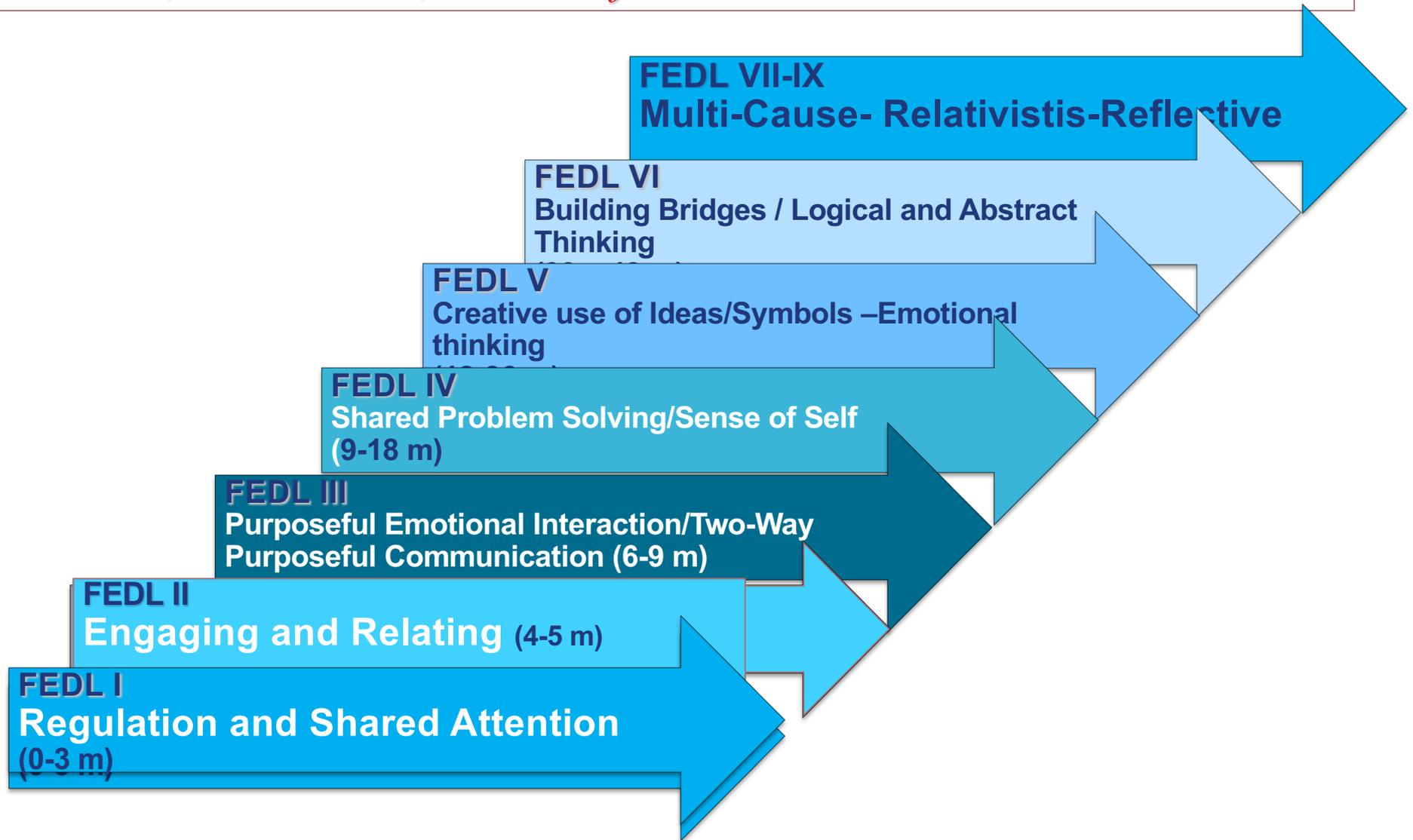
Imaginative use of language, actions & feelings

Discovering the bigger world brings

ANXIETY!

- Feelings transform into symbols that connect
- Growl becomes , “I’m strong!”
- Pushing becomes “Me Mad!”
- Hitting becomes “Want to hit you!”
- Big Hug becomes “Love you!”

The “D” of DIR :Functional Emotional Developmental Capacities
Nonlinear, Simultaneous, and Transformative Continuum



Transformative processes that move children toward emotional-symbolic maturity

The months indicate the interval these capacities tend to emerge building on each other..

Translate the “D” into capacities for IMH

Parent –Child interactions create the opportunities to assist child in learning basic developmental capacities – emotional availability

- Ability to self-regulate, share attention and focus
- Ability to engage warmly and trustingly with others across a range of emotions
- Ability to communicate intentionally with both simple and complex gestures to negotiate dependency, aggression, approval and rejection
- Ability to problem solve through social interactions in a continuous flow
- Ability to symbolize and think logically, abstractly and reflectively

Check the holes in “the swiss cheese” – Bottom Up!!

The “active” ingredient of DIR is Affect

The “Secret” is Relationship

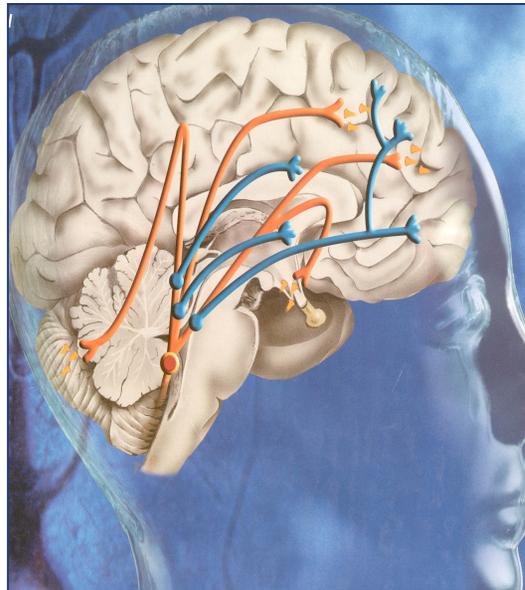


Neuroscience shows there are problems with **connectivity and integration** with many parts of the brain -

- But **human connectivity** belongs to everyone

The “I” in DIR: Honoring Individual Differences:

The Gateway to Supporting Neurodiversity in Mental Health Treatment & ASD



All of us are individuals with differences

And we have different patterns of reactivity and recovery,
strengths and challenges, vulnerabilities and resilience

■ Think about a child or yourself: **How do you compensate?**

- Lost in space
- Reacting to a sudden siren
- Distressed in a noisy environment
- Listening to someone speak but only "getting" a few words
- Not able to retrieve the words he needs to communicate -wait
- Not able to follow a teacher's directions

What if you.....?

- Are disorganized and live in an unpredictable world
- Have poor impulse control
- Crave movement and are unable to attend for long as your body compels you
- Are sensitive and overwhelmed by emotions...
- Stressed out, in trouble, find it hard to recover, lack resilience...

Not all is AUTISM! Is it SPD? Is it anxiety? Or?

“I” – Individual Differences

Observe behavior, assess, and **tailor interactions**

1-7 senses: visual, auditory, olfactory, gustatory, tactile, vestibular, proprioceptive. The 8th: Interoceptive

- Arousal level and sensory modulation – over or under-responsive, craving, difficulty discriminating (Miller – SPD)
- Motor control, movement, motor planning (intent) and sequencing – may be dyspraxic or have postural disorder
- Processing information from senses
- medical and biological factors

What do you feel? Interoceptive awareness (neuroception)

Interoception – The Eighth Sense

The perception and interpretation of one's own bodily signals of feelings, is central to caregiving in early life that impacts infant health and well-being through out life.

Interoceptive awareness of internal bodily signals, include proprioception, heart rate, state of arousal, temperature, pain, air supply, energy level, and signals of hunger and thirst.

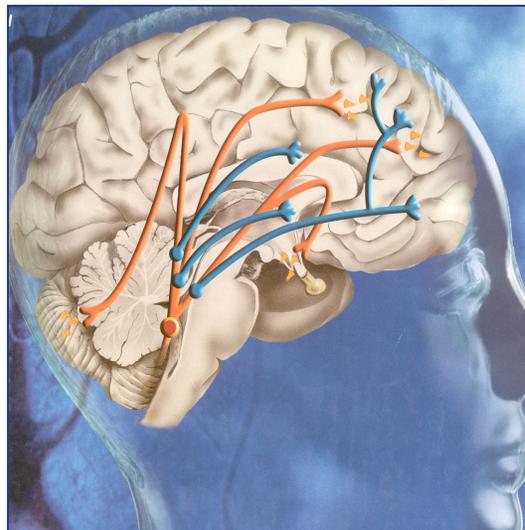
The “I” in DIR:

Interoception is the perception of sensations from inside the body: heartbeat, respiration, satiety, and ANS activity (neuroception) related to emotions

From Neuroscience:

Interoception sensitivity in the parental brain during the first months of parenting modulates children's somatic symptoms six years later:

*The role of oxytocin. (Feldman, et.al, 2019)
International Journal of Psychophysiology 136 (2019) 39–48*



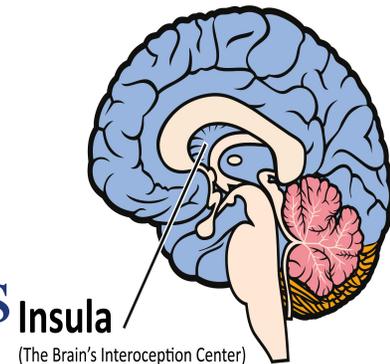
Emotion regulation involves a coherent relationship with the self: **communication between body, thoughts, and feelings**

Poor interoceptive awareness > poor regulation

A BODIED EMPATHETIC RESPONSE OF OTHERS

With Good Interoceptive Awareness

- You are better at reading body language
- Better at taking the perspective of others
- Better at detecting emotions of others
- More likely to be empathic



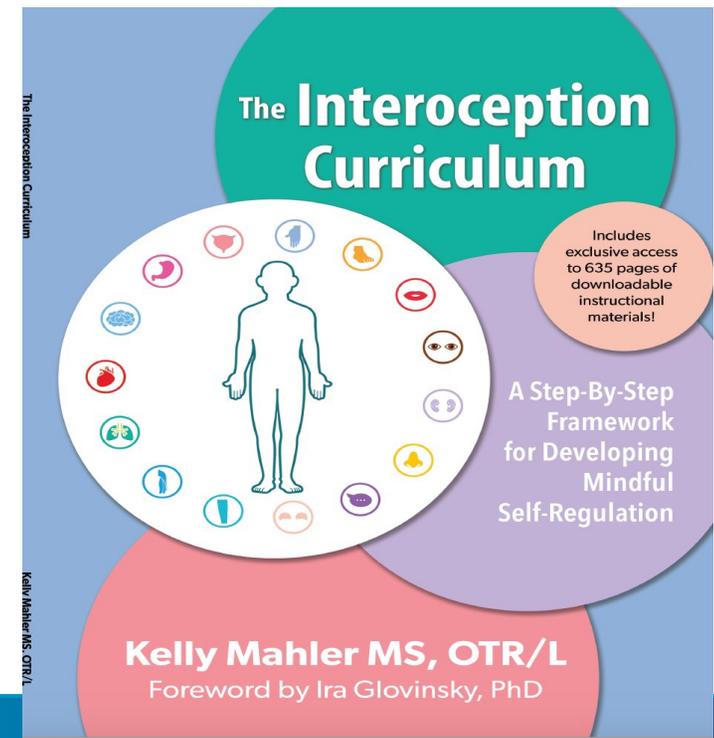
Brain's
Interoceptive
Center

Glovinsky & Mahler © 2021, Connell, Lynott, & Banks, 2018; Lakoff & Kövecses (1987)

Interoceptive Awareness

e.g., Anxiety

- Notice Body Signals – shaky, heart races, clenched fists, head swirls, cover ears,
 - Connect body signals to Emotions
 - What can you do? Regulate with an action – Do something - deep breathing, walk
 - How does your body tell you when you feel angry?
 - get hot, clench fists, want to scream, clench fists
- How do I feel? You feel?



Interoceptive Awareness builds Self-Regulation

Emotions – FELT as Body Signals

shaky, heart races, clenched fists,
head swirls, cover ears, scream,
sweaty, goose bumps, etc.

Happy

Excited

Angry

Anxious

Fear

Sad

Jealous

Shame

Guilt

Frustrated

Bored

Distracted

Focused

Irritated

Body Sensations

■ Hunger

■ Thirst

■ Pain

■ Illness

■ Temperature

■ Sleepy

■ Need for Bathroom

■ Exertion

■ Sexual arousal

■ Sensory Overwhelm

Kelly Whaler, 2021

Books to Work with Children



- DIR - we help the caregiver appreciate and understand the child's individual differences, which is basically what autism is--- brain wiring differences – but others too!
- We do not frighten parents by identifying behaviors to get rid of, we encourage joyful engagement in the child's neurodiversity and allow development to unfold.
- Relationships create a perfect platform for the child's awareness of interoception and neuroception of safety **through affect** - critical to the child's ability to play, and communicate and develop competence.

The “R” – Relationships Activate Development

Primary Principle

- *Child’s individual constitutional differences and relationship - caregiving patterns together influence development*
- *Relationships are the vehicle for creating learning interactions and mobilizing development and growth through interactions and affects (affect cueing).*
- *We need to support the parent and the parent-child interaction to climb the developmental ladder.*

Autistic Like???

I want a relationship and so does he!

Mahler's : Separation- Individuation Self and Other

Play's Role in Development: The Hidden Curriculum

Play is the “work” of childhood. It evolves from Playfulness moving to functional play and is elevated to symbols as children climb the developmental ladder

**Play provides the stage for
the integration of all development**

Is a Unique Journey
of the Discovery of Emotions,
Reality and Self



To understand a child's emotional development:

Look at child's self-selected symbols!

Symbols reflect the hierarchy of emotional development

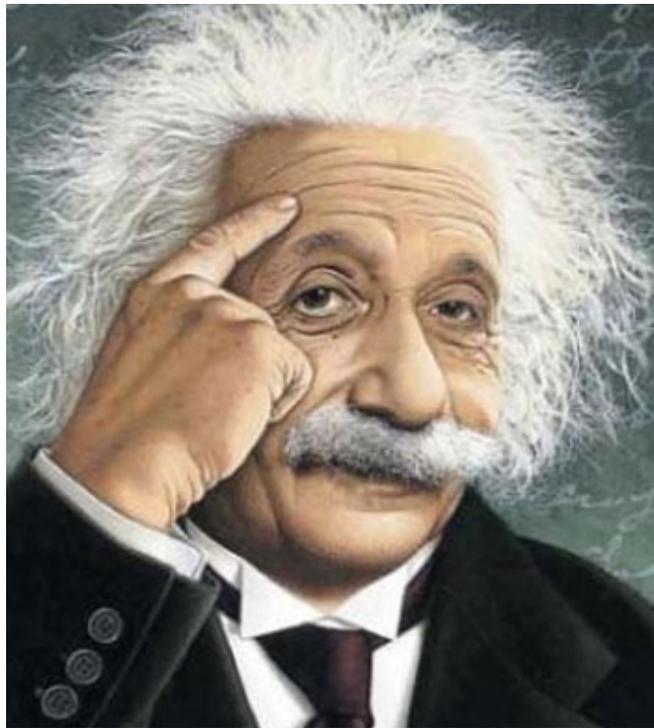
Emotional Development And Mental Health Parallel

- Symbolic Development and
- Intellectual Development

Imagination is more important than knowledge.



Albert Einstein



“If you want your children to be intelligent, read them fairy tales. If you want them to be more intelligent, read them more fairy tales.”

Hardly all happily ever after stories, each finding unique solutions for life’s unfolding challenges and victories .

Where does it begin?

Our Culture of Symbols and Meanings

Earliest Symbols

- “Blankie” to Teddy Bears
- Barney, Sesame Street, Pooh....
- Dora and Steve
- Farms, zoos and jungles
- Dinosaurs and Dragons

Earliest Emotional Themes

- Comfort and reassurance
- Real life learning and feelings
- Explore and think
- Safety and danger – a tiger is not a kitty cat!
- Entry to “good and bad guys

Classic Fairy Tales & Feelings

What are the lessons here?

Earliest Symbols

- Goodnight Moon
- Goldilocks and the Three Little Bears
- Three Little Pigs
- Billy Goats Gruff
- Jack & Beanstalk
- Cinderella
- Bambi

Emerging Emotions

- Separation
- Getting lost
- Fear and Danger
- Rescue and safety
- Joy
- Anger
- Disappointment
- Sadness
- Danger and loss

Abstract Symbols Related to Expanding Awareness of Good & Evil: Real or Not?

“Good Guys

- Kings and Knights
- Princesses
- Fairy Godmother
- Wizards
- Batman
- Superman
- Star Wars
- Harry Potter...
- Power gets embodied

“Bad” Guys

- Scar – the evil lion
- Pirates
- Giants
- Stepmothers
- Witches
- Joker
- Dracula
- Frankenstein...
- Nature captures the unpredictable

How do we climb the Symbolic Ladder?

The Vital Element of DIR – Floor Time

- Start by meeting child at his current developmental level
- By entering into a child's world, we can help him or her learn to relate in meaningful, spontaneous, flexible and warm ways.

Harnesses the power of a child's motivation; wooing him with warm but persistent attempts to engage his attention and tuning in to his interests and desires in interactions.

Through Floor Time!

- A treatment method as well as a philosophy for interaction
- The term used for those experiences in which you follow your child's lead in areas that are of interest and give him pleasure, and build on them in interactive ways that expand his emotional capacities and tolerance, helping him climb the developmental ladder.

Floor Time begins with you – You are the toy!

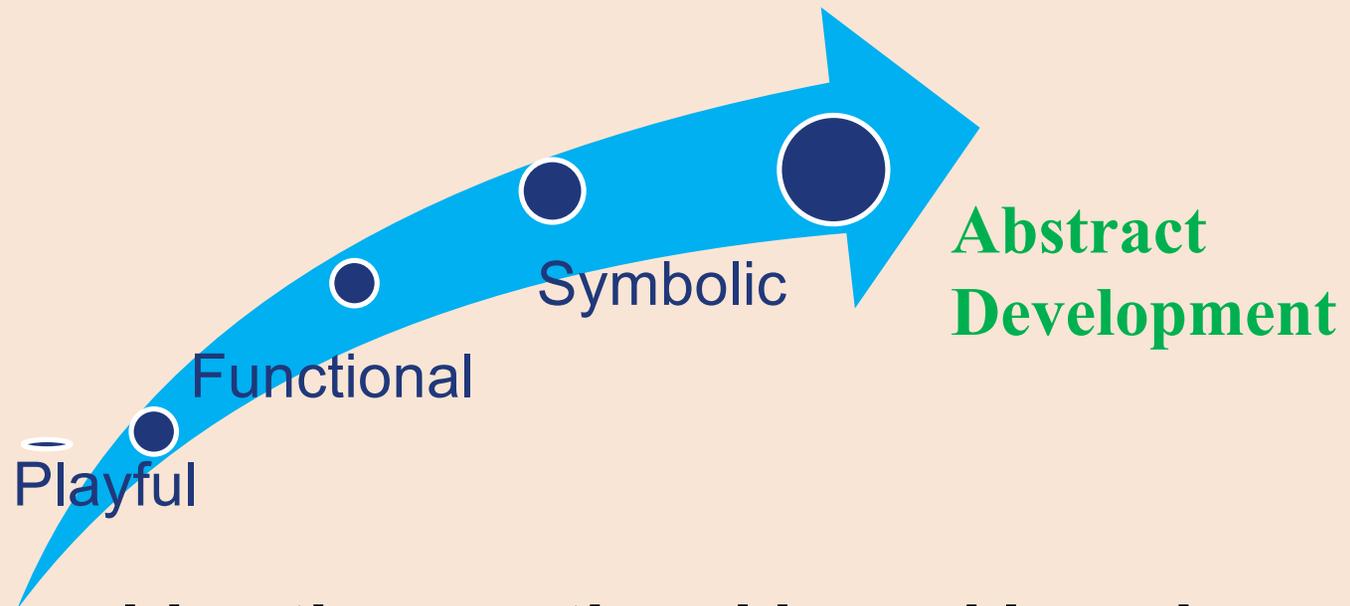
- Create an inviting environment
- Let your child explore and discover
- Ensure children see what they hear
- Join perseverative play – make it interactive
- Content does not matter

■ Harness **the power of a child's motivation**; wooing him with warm but persistent attempts to engage his attention and tune into his interests and desires in interactions.

■ **Floor Time redefines potential**

Affect forms the bridge between the unknown and known.

The play narrative for all children and with autism moves forward to promote development



PLAY provides the emotional based learning experiences that become an internal reinforcement that motivates interaction and spontaneity – Emotions and Cognition Intertwined

The Symbolic Course

- Stems from internal motivation
 - Player has the control and directs the story
 - **Has freedom to suspend reality**
 - Player frames it and shares the inner rules
 - Allows children to make judgments and express emotions in a complex fashion – “good guy-bad guy”
 - Develops higher level logical and abstract capacities VI-IX
- **Symbols elicit feelings where inside and outside meet! Can also lead to Anxiety & Stress**

Hierarchy of Symbolized Affects

Reflective of Emotional Development

Dependency Themes

- Feeding, cooking, fixing, doctor, mechanic, builder.....joy, love, safety, protection

...

Transition Themes

- Separation, disappointment, loss, hurt, envy, jealousy, lonely, sadness, anger, >fears,witches, monsters,ghosts...

Aggressive/Assertive Themes

- Control
- Power
- Competition
- Conflict
- Guilt
- Shame

Abstract Themes –

fairness, kindness, empathy, justice, social morality....

Episodic Reality Testing

Magical Thinking

Self-Regulation

Am I good or mean?

How Does Symbolic Play Advance Development?

Pretend play deals with the interface of the imagined and the real

- Pretense suspends reality – you can imagine vanquishing your enemies and enjoying victory or recover from defeats
- You can experiment with novelty, explore, choose your role, and make the rules in control of the drama
- You can experiment with expressing positive and negative feelings, even aggression safely, symbolically and maintain regulation

Is play always fun?

Imaginative play suspends reality

We relinquish the “power” to the child

Who can enjoy magical thinking

But is it always fun?

What if it is scary, confusing, invokes anger, jealousy,
hatred, aggression...

Or mirrors reality?

Anxiety makes it episodic

Suddenly it is “real”? Then anxiety hits?

Co-Regulating Body, Mind and Heart

Need security and safety to **experience** emotions

Developmental
Anxieties

Need Foundations
in Place
Closing Circles
Continuous Flow
Relationships

ANXIETY AND AUTISM

■ Biological Components – **Sensory Pathways**

- tend to be over-reactive to sensations and experience affect intensely

Manifested in:

- Separation Anxiety
- Overly fearful and reactive to body damage, aggression, unpredictable events
- Panic reactions when s/he turns around and does not see parent or feels lost
- Catastrophic reactions to not finding needed objects or thinking something broke
- Helpless or frustrated feelings when task requires using space, tracking, finding parts, fixing things...**when comprehension fails**

Without Co-Regulation –Anxiety Can Take Over

Only regulated affects can serve as signal.

- If caregiver **misses the child's signal** and does not help
- If caregiver **over-reacts to child's anxiety** – child constantly feels overwhelmed and does not get soothing reciprocal interactions or the help to form the symbols needed to understand his feelings
- Child then has difficulty using **affective interactions to regulate**, can't read and respond to soothing calming affective signals
- **Dys-regulated affects tend to push for discharge and acting out and/or inhibition.**
- **Pre-representational capacities are therefore essential.**

Why We Need To Play??

- Pretend play contributes to the development of narrative and literacy
 - Capacity to distinguish fantasy and reality
 - Capacity for self-control and regulation
 - Capacity for ToM (Singer & Singer, 2006)
- Pretend play between parent and child is linked to reflective abilities
- **The level of symbolic play is predicted by parental willingness to engage in games of fantasy, tolerance for FT and a parental style to facilitate creativity**
- Parental intrusiveness, depression and anxiety is associated with reduced rates of symbolic play

If I were Superman....
Development moves forward!
But can't quite let go!



“sees” what he imagines.

When a child does not develop symbolic capacities....examine the foundation

- Has not learned to relate or engage warmly to other people or others have not related to him
- Has not developed the continuous flow of interaction
- Has not learned to regulate or control aggressive impulses because he lacks capacity to see his behavior has consequences for others
- Has not entered the world of magical thinking to experience power
- Has not learned to empathize with someone else's perspective

Do Not Underestimate the Power of Symbolic Function in Every Child!

Development has its own timetable!

- Not every child can create a thematic symbolic story with a beginning, middle and end, or reflect on its meaning.
- But every symbolic expression chosen has meaning and communicates something important about his inner world/life
- The child might share his inner feelings through a drawing, a song he sings, the toys he assembles, or sets up, the little toy he grips in his hand and identifies with, the “jokes” he makes, the idea he avoids....
- These are the “solutions” of the moment
but not his potential...
- Join him, wait for the words, or gestures,
And **PLAY to** find the meanings

Just what is parent mediated intervention?

Just how do parents mediate –

All parents mediate the environment - create experience supporting comfort- touch, light, sound, temperature, movement , smell,every sense...**through interaction, sensitive caregiving, mentalization**

Sensations and motion lay the foundation for adaptation, regulation, and shared attention,

Not just for the infant, but the parent too must be comfortable

- they must read the environment, their inner signals, and their infant's signals and communications –

And find the right match

If a parent can mediate the environment for her infant and herself – she is supporting the infant's self regulation and is available to enjoy each other

A new age of developmental science

- ◆ **Scientists are collaborating to create large data bases**
- ◆ **Neuroscience is beginning to be translated into early identification and intervention – new tools finding biomarkers, neural signatures**
 - ◆ **Sibling Studies – using MRIs, visual habituation, EEGs... Are able to identifying siblings at risk at 6 months, impact of intervention in the first year of life, compare typical infants and siblings,**
 - ◆ **Earlier identification of infants at risk at 4 months
...Spectrum News**
- **Age of Epigenetics - Identifying how environmental factors such as stress or diet can alter methyl tags and other DNA**
- **New techniques help reveal the molecular basis of ASD**
- **New mathematical models suggest movement and sensory systems derail social and communication development in ASD**

Results after 10 weeks of Promoting First Relationships - PFR

- High Risk Infants (siblings of ASD) in PFR group compared with assess and monitor
 - Experiment 1: **Faster habituation to faces vs toys** from 6-12 and 6-18 months of age
 - Experiment 2: Increased theta power to **social videos vs object videos** (index of attentional engagement) from 6-12 months but not 6-18 months

■ This is just one example from neuroscience
Examining relationship based intervention

Jones, Dawson, Kelly, Estes, & Webb (2017) Autism Research

Estes, 2017

Neuroscience still needs to be translated into intervention and this is in progress

- With DIR we have the IMH and clinical developmental expertise to work with infants and toddlers arriving at Early Intervention's doorstep.

To climb the developmental ladder, including MH, every plan of action should help parents, caregivers, teachers, and professionals learn how to:



- **Provide specific types of developmental experiences at each stage of emotional development in order to foster further emotional growth**
- **Enable parents or caregivers to understand their own characteristics and interaction patterns with their children to foster growth.**
- Promote the development of parenting as a relationship through specific interactions and strategies.
- Enable parents or caregivers to understand and deal with emotional lags, constrictions, deficits, symptoms and foster adaptive development.

TRAINING WITH PROPECTUM

will change your life's work and the families'
you serve forever

- In depth
- Interdisciplinary
- In partnership with parents
- Focuses on MH and independence
 - Reflective Practice
 - Across the lifespan
- www.Profectum.org

Connect with the Profectum Community!

Come Train with us!



profectum.org/membership/

Thank You for Coming

Thank you to the families who help us learn.

Visit www.Profectum.org for learning opportunities:

Write to me at: serena.wieder@profectum.org

- *DIR Certificate courses – all levels for clinicians and educators*
- ***New RDT Course for Paras, aides, home visitors***
- ***Profectum Parent Toolbox - Free***
- *FCD – Foundational Capacities Classes*
- *Master Classes and Study Groups*
- *Introduction to DIR – Growing Development*
- *Conferences – Next: May 2022*
- ***Special Training programs designed for your school, early intervention and clinical services***



January 2022

<https://profectum.org/training-programs>

Profectum Registered Developmental Technician
(PRDT) Course

Certificate Level 1 (CL-1) Course with Traci Swink, MD
Pediatric Neurologist

Certificate Level 2 (CL-2) Course with Lisa deFaria, LCSW, BCD

Educational Certificate Courses

FCD Course – the 5 “Cs”

Interoception Study Group –
with Drs. Ira Glovinsky (Psychologist) & Kerry Whaler (OT)

Join ongoing closed Facebook groups - professionals and parents

<https://profectum.org/training-programs>

Save the Dates: May 15 and 22 –Annual Conference
