

NM Family Infant Toddler (FIT) Program The Integration of Infant Mental Health Approaches Position Paper

**Endorsed by the New Mexico
Interagency Coordinating Council (ICC), July 2008**
(adapted from the Infant Toddler Coordinators Association , ITCA,
Position Paper, 2005)



Background

Infant mental health approaches are receiving increasing attention from a variety of service systems. Research in the fields of infant development, early brain development, and attachment theory, as well as evidence of the effectiveness of relationship-based approaches, account for at least some of this increased attention (Heffron, 2000). Many infant mental health approaches can be effectively integrated into the provision of early intervention services as defined by Individuals with Disabilities Education Act (IDEA), Part C, and can be implemented through the NM Family Infant Toddler Program (FIT). As a member state of the Infant Toddler Coordinators' Association, FIT recognizes that “a child’s parents and other family members are usually the primary individuals supporting and nurturing the child’s growth, development and learning” (ITCA, 2000). Infant mental health approaches always support the child within the context of his/her relationship with parents and other primary caregivers.

For all children, but perhaps even more so for young children with disabilities, interactions with caregivers shape a child’s ability to learn, give and accept love, feel confident and secure, and demonstrate empathy and curiosity – all abilities that are central to success in school (Oser & Cohen, 2003; Lerner & Ciervo, 2004).

The importance of nurturing and supportive primary care giving relationships is also highlighted in *From Neurons to Neighborhoods*:

Parents and other regular caregivers in children’s lives are “active ingredients” of environmental influence during the early childhood period. Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted and the consequences can be severe and long lasting. If provided or restored, however, a sensitive caregiving relationship can foster remarkable recovery. (Shonkoff & Phillips, 2000, p. 7).

FIT Program supports and services strive to promote positive developmental outcomes for infants and toddlers and so must support the primary care giving relationship. The FIT

Program plays an important role in highlighting to families, to service providers, and to policymakers the importance of social and emotional development and the overall mental health of young children and families and will support capacity-building in this arena.

Purpose

The purpose of this position paper is to define and support the appropriate application of infant mental health approaches through early intervention supports and services provided by the FIT Program to families of infants and toddlers who have or who are at-risk for developmental delays and disabilities. The integration of these approaches into early intervention will help teams support parents in providing consistent, sensitive, and responsive parenting in order to promote their children's development.

Recent public policy changes, including the reauthorization of IDEA (2004) and changes to the Child Abuse Prevention and Treatment Act of 2002 (CAPTA), now require the referral of children birth to three when there is substantiated abuse, neglect or illegal substance use. While not changing IDEA Part C eligibility, these changes recognize the role that early intervention can play in promoting the healthy development of young children who may be affected by adverse factors in the family environment, including abuse and neglect, homelessness and substance use. Enhanced infant mental health approaches, as well as effective interagency collaborations across our state systems will be needed to help promote the social and emotional development of these and other eligible children. In addition to promoting healthy social and emotional development, many children served through Part C are at higher risk for behavioral problems and mental health disorders (including traumatic stress disorders, regulatory or adjustment disorders, disorders of mood, relationship disorder etc.). It is therefore essential that FIT Program supports and services promote relationship-based approaches and work across service systems to assure that a full continuum of infant/early childhood mental health services are available to meet the needs of families.

Definitions

Infant Mental Health has been well defined by internationally recognized professional organizations.

Oser (2004) defines infant mental health as follows:

... 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 (2005) 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."

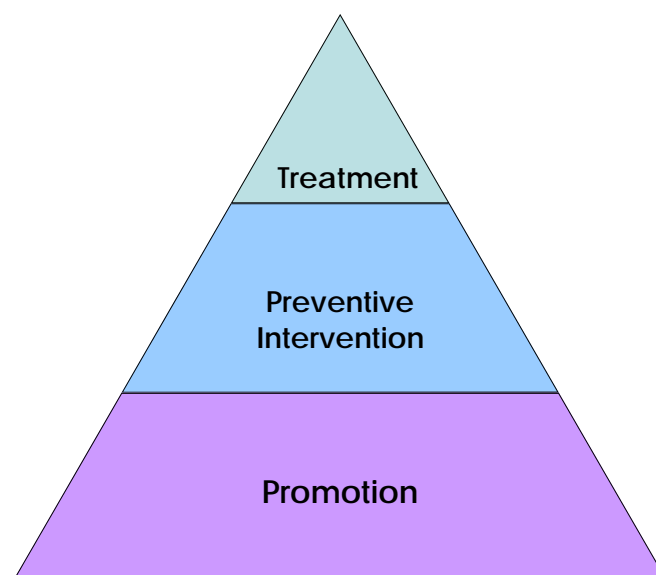
The New Mexico Association for Infant Mental Health promotes the definition of infant mental health as, "*the psychological, social and emotional well being of infants and*

toddlers in relationship with their caregivers, environment and culture, and with respect for each child's uniqueness." (New Mexico Infant Mental Health Collaborative Committee, 2003).

Infant mental health is a term that is used both to describe the *state* of social and emotional wellbeing in young children and to describe a *field* of practice and research. In both uses of the term, the child is considered within the context of the relationship with his/her primary caregivers. The National Scientific Council on the Developing Child (2004) recognizes that "*young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development –intellectual, social, emotional, physical, behavioral, and moral.*"

Infants rely on their parents and other primary caregivers to help them regulate and, over time, learn culturally acceptable ways to respond to and express emotions. Infant development begins and continues within the context of an emotional relationship. We cannot understand and support the social and emotional development of infants and toddlers without also understanding and supporting their relationships with parents and other primary caregivers.

Infant mental health encompasses a continuum of approaches in working with young children and their families that include: the *promotion* of healthy social and emotional development; the *preventive-intervention* of mental health difficulties; and the *treatment* of mental health conditions among very young children in the context of their families. The following pyramid illustrates that promoting healthy social and emotional development should be done with all children and forms the base of this pyramid; that preventive-intervention occurs with those young children with or at-risk for social / emotional delays; and treatment for those few young children at the top of pyramid, whose needs can be addressed by mental health providers who can work with the child and family.



Infant Mental Health and the NM Family Infant Toddler Program

FIT Program supports and services promote the development of infants and toddlers with or at risk for developmental delays or disabilities, and enhance the capacity of families to support their child's development. The FIT Program takes a comprehensive approach to development, addressing all areas of development – cognitive, physical, communication, adaptive and social and emotional skills. The development of strong positive relationships between children served through FIT and their parents/primary caregivers, as well as the development of social-emotional skills (such as self-regulation, self-confidence, coping with frustration and getting along with others) are essential in achieving early intervention goals, and future success of eligible children.

The following are examples of infant mental health approaches that can be promoted through FIT services and activities:

Promotion of healthy social and emotional development:

- Providing information about social-emotional development in the context of caregiving relationships to all parents, health care providers, child care providers, etc., as part of child find and public awareness efforts. FIT Providers are encouraged to make use of the Children, Youth & Families Department *Love and Learn!* materials.
- Disseminating information about the early foundations of school readiness to parents of young children, for example, encouraging curiosity in a child who needs assistance in mobility or developing self-regulation in a premature infant.
- Routinely talking about social and emotional milestones as part of the developmental guidance that is provided. The FIT Training and Technical Assistance system can be accessed as needed to provide training and support in the use of the *Ages & Stages Questionnaires: Social-Emotional (ASQ: SE)* to facilitate these conversations.
- Integrating infant mental health concepts into trainings (service coordination modules, core trainings, etc.) for personnel working with young children and their families.

Preventive-Intervention to support healthy parent/caregiver-child relationships:

- Screening and assessment of social and emotional development as part of the early identification process. The FIT Training and Technical Assistance system can be accessed as needed to provide training and support in the use of screening and assessment tools that address social and emotional skills.
- Carefully listening to families to help them identify, clarify, and address issues that may be affecting the developing relationship with their child (Heffron, 2000).
- Working with community mental health and public health providers, when there is concern about maternal depression, parental substance abuse and other family mental health disorders.
- Assisting parents/caregivers to understand and respond sensitively to the cues the child gives. The FIT Training and Technical Assistance system offers training in

Keys to Caregiving workshops (www.ncast.org) to support providers to develop the needed skills for this aspect of service delivery.

- Supporting families as they increase their coping skills and build resilience in their children (Heffron, 2000).
- Consulting with parents through relationship based practice, in order to promote the parent-child relationship. FIT trainings (service coordination modules and core trainings) and the Developmental Specialist Competencies are designed to support providers to develop the skills needed for this aspect of the work.

Treatment including various models of parent-infant psychotherapy:

- Assisting eligible children to access licensed mental health providers for appropriate diagnostic and treatment services within the context of their family.
- Maintaining collaborative relationships among the parent/caregiver, early intervention team members and mental health treatment professionals to assure coordinated intervention efforts.
- Developing cross-disciplinary approaches between mental health and early intervention providers - e.g., The FIT Program will collaborate with New Mexico Association for Infant Mental Health (NMAIMH) to develop a mental health consultation model in order to support early intervention personnel in creating a team approach between a home visitor and an infant mental health specialist/consultant.

Early intervention supports and services are delivered in ways that promote the primacy of sensitive, responsive and nurturing parent-child relationships. Service strategies must never interfere with this important relationship. Early intervention personnel must receive the training and reflective supervision needed to recognize and understand how developmental delays and other conditions, that may be present in either the child or the parent, may influence the parent-child relationship and developmental outcomes. Through this understanding, early intervention personnel are in a good position to help prevent the development of relationship difficulties through their own relationship with the family. Additionally, early interventionists, with training and support, are able to work with parents as they assess the need for and seek more specific infant mental health interventions when the parent-child relationship is troubled.

FIT providers can support selected staff members to participate in competency-based training focused on developing infant mental health competencies as a way to systematically assure that their programs are able to effectively integrate these important approaches into their work with families. Through this type of training, the knowledge and practice base of early intervention personnel in the areas of social and emotional development, including attachment theory and parent-child interactions is enhanced. Training participants are encouraged to share their knowledge and skills with colleagues at their agency.

Early intervention personnel, including those conducting developmental screenings and evaluations/assessments, must take into account the full range of influences on each child's early development. The complexity of evaluating the development of a young child

who has been exposed to violence, traumatized in other ways, or whose early care has been negatively influenced by homelessness, parental mental illness, or substance use is not to be underestimated. Now, more than ever, multi-agency community collaborations are necessary to increase knowledge and appropriate practices among all professionals who interact with families of young children who face multiple challenges.

As with all aspects of FIT Program supports and services, the integration of infant mental health approaches must include a community-level, collaborative, cross agency approach. FIT Program provider agencies have important information and perspectives to share as part of their Local Behavioral Health Collaborative where the voice of the baby is often not heard. As increasing numbers of children and families with mental health needs are encountered by FIT providers; our participation in the design and evaluation of an effective early childhood mental health system of care is critical.

The National Center for Infant and Early Childhood Health Policy (Zeanah et al., 2005) also recognize the importance of linkages across early intervention programs and public mental health services at the state and local levels and recommend high-level state mental health participation in the development and coordination of early intervention and prevention programs. The NM FIT Interagency Coordinating Council includes a children's mental health representative as required under IDEA 2004, to assist with planning and coordination in this area.

Infant Mental Health Approaches in Early Intervention

As infant mental health approaches are integrated into the work of early intervention, the following skills and strategies can effectively be used and are addressed in the Developmental Specialist Competencies:

1. *Building relationships and using them as instruments of change;*
2. *Meeting with the infant and parent together throughout the period of intervention;*
3. *Sharing in the observation of the infant's growth and development;*
4. *Offering anticipatory guidance to the parent that is specific to the infant;*
5. *Alerting the parent to the infant's individual accomplishments and needs;*
6. *Helping the parent to find pleasure in the relationship with the infant;*
7. *Creating opportunities for interaction and exchange between parent(s) and infant or parent(s) and practitioner;*
8. *Allowing the parent to take the lead in interacting with the infant or determining the "agenda" or "topic for discussion";*
9. *Identifying and enhancing the capacities that each parent brings to the care of the infant;*
10. *Remaining open, curious and reflective.*

(Weatherston, 2002, pp. 4-5)

Additional skills and strategies used by specially trained infant mental health specialists are also needed by some families being served through FIT and may be provided by trained infant mental health specialists. These skills and strategies include:

1. *Wondering about the parent's thoughts and feelings related to the presence and care of the infant and the changing responsibilities of parenthood;*
2. *Wondering about the infant's experiences and feelings in interaction with and relationship to the care giving parent;*
3. *Listening for the past as it is expressed in the present—inquiring and talking;*
4. *Allowing core relational conflicts and emotions to be expressed by the parent—holding, containing, and talking about them as the parent is able;*
5. *Attending and responding to parental histories of abandonment, separation, and unresolved loss as they affect the care of the infant, the infant's development, the parent's emotional health and early developing relationship;*
6. *Identifying, treating, and/or collaborating with others if needed in the treatment of disorders of infancy, delays and disabilities, parental mental illness, and family dysfunction.*

(Weatherston, 2002, p. 5)

FIT Recommendations:

The FIT Program recommends that the following be addressed in order to promote effective infant mental health approaches in IDEA Part C:

- Include on Fit Provider agency's Staff Development Plans training in the areas of early social and emotional development, including attachment theory and parent-child interactions.
- Utilize screening tools and procedures that specifically address early social and emotional development as part of child find efforts.
- Explore ways to include mental health / infant mental health professionals on evaluation teams, especially when evaluating children who are homeless, wards of the state, who have experienced traumatic separations from their primary caregivers, or who may have been traumatized by domestic violence, child abuse or neglect.
- Promote the inclusion of infant mental health principles and approaches in early childhood education college courses.
- Provide training opportunities in early intervention settings for pre-service trainees across disciplines.
- Adopt appropriate service definitions for Infant Mental Health services, including treatment, that reflect principles promoted in this document.
- Collaborate with teams to use the Diagnostic Classification of Mental Health and Other Developmental Disorders in Infancy and Early Childhood - Revised (DC:0-3R) as diagnostic processes and codes for Medicaid and private health insurance plan reimbursement when appropriate.
- Explore the potential for reimbursement through Value Options (children's mental health funding) for infant mental health treatment by licensed mental health personnel.

- Use of relationship-based and family-focused intervention strategies by all early intervention personnel, regardless of professional discipline or the service being provided.
- Partner with the NM Association for Infant Mental Health and Local Behavioral Health Collaboratives efforts to effectively utilize resources, coordinate efforts, and enhance the knowledge and practice base of all professionals interacting with families of infants and toddlers.
- Collaborate across agencies and service systems to identify, support and increase the pool of counselors, social workers, psychologists and other clinical staff who are trained and competent in infant mental health intervention practices. This may mean working together to inter-weave an individual's knowledge of early child development, disabilities and risks, and mental health practices in order to apply team practices to best serve each child/family.
- Use the IFSP process to include mental health consultation in order to support their intervention with specific children and families, as well as to promote the capacity of personnel to use appropriate infant mental health approaches.
- Promote reflective supervision to early intervention personnel to mitigate the stress experienced in providing relationship-based services and to support quality service provision.
- Promote reflective practices at all levels of each provider agency, recognizing the principle of "parallel process".
- Use the Developmental Specialists competencies in developing early interventionists' individual professional development plans.
- Use the dedicated email address (fit.program@state.nm.us) in order for the FIT Program to respond to providers on issues related to:
 - ✓ Infant mental health practices
 - ✓ Environmental at risk situations
 - ✓ Child Abuse Prevention and Treatment Act (CAPTA) referrals.

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CAPTA The Child Abuse Prevention and Treatment Act

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Glossary:

Attachment: An emotional bond between a parent/primary caregiver and infant that develops over time and as a result of positive care-seeking behaviors (e.g., crying, smiling, vocalizing, grasping, reaching, calling, following) and responsive care giving (e.g., smiling, talking, holding, comforting, caressing).

Infant Mental Health: An interdisciplinary field dedicated to promoting the social and emotional well-being of all infants, toddlers, and families within the context of secure and nurturing relationships. Infant mental health services support the growth of healthy attachment relationships in early infancy, reducing the risk of delays or disorders and enhancing enduring strengths.

Local Behavioral Health Collaboratives: The purpose of Local Behavioral Health Collaboratives is to develop strong local voices to guide behavioral health planning and services, which is a key consideration in the planning and design of New Mexico's Interagency Behavioral Health Purchasing Collaborative initiative.

Parallel Process: is an essential aspect of all reflective supervision / consultation. The supervisor and the supervisee attend together to all of the relationships, including the ones between practitioner and supervisor, between practitioner and parent(s), and between parent(s) and infant / toddler. Additionally in reflective supervision / consultation there is an exploration of how each of these relationship effects the others. Jeree Pawl has coined a shorthand platinum rule to supplement the golden one in order to quickly convey a sense of the parallel process “Do unto others as you would have others do unto others.”

Reflective practice: Able to examine one’s thoughts and feelings related to professional and personal responses within the infant and family field.

Relationship-based practice: Values early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past and present, as significant to one’s capacity to nurture and support others.

Reflective Supervision: a learning experience in which a professional meets regularly with an experienced supervisor to examine professional and personal thoughts and feelings in relationship to work in the infant and family field. The exploration of parallel process is fully experienced through reflective supervision.