Infant Mental Health: So What? Who Cares? Should I Get Endorsed?

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University of Pittsburgh

Agenda

• Infant Mental Health
• So What?
• Who Cares?
• Should I get Endorsed?

Infant and Early Childhood Mental Health
The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being

Social and emotional development, or infant and early childhood mental health, is the developing capacity of a child from birth to 5 years old to...

Form close and secure adult and peer relationships...
Experience, manage and express a full range of emotions...
Explore the environment and learn...

...all in the context of family, community, and culture.
Infant and early Childhood Mental Health
– A growing field of research and practice devoted to the:
  • Promotion of healthy social and emotional development
  • Prevention of mental health problems
  • Treatment of the mental health problems of very young children in the context of their families.

Key Components
1. Relational
2. Developmental
3. Multidisciplinary
4. Reflective

1. Relational
• We develop, grow, learn and thrive in the context of relationships.
• We are biologically built to be in relationships and thrive when nurtured and cared for.
• When there is a problem, then, we don’t think of it as being within the infant or child, but rather we think about the problem from a relational perspective.
...increasing evidence suggests that for good or for ill, experiences shape the developing brain and potentially all other developmental domains

Zeanah (2018), Pg.1

RELATIONSHIPS ARE

...the “active ingredients” of the environment’s influence on healthy human development


The Central Causal Story

Emotional Development

Interaction ↔ Brain Architecture ↔ Social Development

Cognitive Development
The interaction between the parent and child is a window into the ability of the caregiver to optimize their child’s development

—Pipen & Bloom (2011)

• “...during the first eighteen months of life a child constructs a lasting internal vision of what human relationships are, how they work, what to expect from them, and what to offer in return...what gets set in early life is one’s deepest beliefs about relationships. These determine how a person goes about learning, profiting from experience, and parenting one’s own children.”

—W. Schafer
“Ghosts in the nursery”

“In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening.”

Fraiberg, 1987

“Angels in the Nursery”
—“...early benevolent experiences with caregivers can protect against even overwhelming trauma.”

Alicia Lieberman, PhD, 2005
When the infant or toddler was harmed in the relationship, they must then be “healed” in the relationship

Osofsky (2010)

2. Developmental

Learning, growth, health and well-being are all developmental outcomes that require that we understand how children grow and change over time, and the specific needs of infants and toddlers at different stages of development.

Luby & Rogers (2013); Sroufe (2005)

Early Experiences Matter

Extensive empirical research supports the finding that a secure attachment to a nurturing, supportive, and reliable caregiver provides the foundation for healthy development early in life, in multiple domains.
POTENTIAL IS MAXIMIZED WHEN THE BRAIN IS EXPOSED TO OPTIMAL ENVIRONMENTS AT THE RIGHT TIME

Relationships and Development

"IF YOU SET OUT TO DESCRIBE A BABY, YOU WILL FIND THAT YOU ARE DESCRIBING A BABY AND SOMEONE."

You think, because one and one make two, that you understand two.

But to truly comprehend the nature of two, you must first understand... and.

• JALALUDDIN RUMI, 13TH CENTURY POET AND SCHOLAR

The 5 R's of Healthy Brain Development

1. Relationships
2. Responsive interactions
3. Respect
4. Routines
5. Repetition
“Ordinary Magic”  
- Ann Masten

- “Resilience does not come from rare and special qualities, but from everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships and in their communities”

Resilience Factors

- Effective caregiving and parenting quality
- Close relationships with other capable adults
  - Close friends and romantic partners
  - Intelligence and problem-solving skills
  - Self-control; Emotional regulation; Mindfulness
  - Motivation to succeed
  - Self-efficacy
  - Faith, Hope, Belief life has meaning
  - Effective schools
  - Effective neighborhoods; Collective efficacy
3. Multidisciplinary

Anyone who touches the life of an infant, toddler and the important people in their lives may support infant mental health.
“How you are is as important as what you do.”

Jeree Pawl

“Do unto others as you would have them do unto others.”

- Jeree Pawl's "Platinum Rule"
4. Reflective

We strive to understand the MEANING of behavior rather than just treat it.

We think deeply about why behavior happens, what is the infant, toddler or caregiver trying to communicate, and how our, and their past experiences influence us in the here and now.

Mentalization (Fonagy)
Reflective Function (Slade)

Psychological skills (such as perspective taking) that allow us to make sense of our own and others actions by reference to mental states such as beliefs, intentions, desires, and feelings.

"Mentalizing forms the fundamental basis for relating to and thinking about what other people and ourselves feel."

Reflective Supervision/Consultation
Work with infants, young children, and their families is complex, sometimes confusing, intense, and always challenging.

Often the needs are extensive and the available resources feel inadequate to address the wide range of concerns that impact the family.

- Heffron & Murch (2013)

“We go through some pretty crazy things in a regular day and don’t have any type of system set up to even address how to deal with it.”
- Part C Early Intervention Provider

Secondary Traumatic Stress
From Gallen, Lepore, Peterson, & Willford (In Revision)

Case example
- At 18 months, a child was brought in for evaluation because of severe eating disturbance. It was known that she had been abused, with documented cuts and bruises over her face, prior to being placed in foster care at 18-months. With enormous patience, the foster mother had helped her become comfortable taking soft foods from a spoon, but was unable to alter what appeared to be her fear of bottles. Even across the room, the sight of a bottle would distress the child. During play with a doll she pretended to feed her with a bottle. Then she suddenly began hitting the doll on the head repeatedly with the bottle. When asked later, her biological mother confirmed that she frequently lost her temper during feedings and hit her infant over the head with the bottle.
- Gaensbauer (2002)
YES!

- 16% (Egger, 2006)
- 10-15% in older children and adolescents

1 in 4 American Babies is Living in Poverty

Exhibit S-1 Summary Child Maltreatment Rates per 1,000 Children, 2013–2017

### Table 3-10: Maltreatment Type Combinations, 2017

<table>
<thead>
<tr>
<th>Maltreatment Type Combinations</th>
<th>Maltreatment Type</th>
<th>Maltreatment Type Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SINGLE TYPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect Includes Medical Neglect</td>
<td>42,324</td>
<td>62.7</td>
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<tr>
<td>Physical Abuse</td>
<td>16,330</td>
<td>2.3</td>
</tr>
<tr>
<td>Psychological or Emotional Maltreatment</td>
<td>15,476</td>
<td>2.3</td>
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<tr>
<td>Sexual Abuse</td>
<td>14,395</td>
<td>2.0</td>
</tr>
<tr>
<td>Total Single Type</td>
<td>57,645</td>
<td>80.6</td>
</tr>
<tr>
<td><strong>TWO TYPES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect and &quot;Other&quot;/Unknown</td>
<td>25,192</td>
<td>3.7</td>
</tr>
<tr>
<td>Neglect and Physical Abuse</td>
<td>20,016</td>
<td>1.2</td>
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<tr>
<td>Neglect and Psychological Maltreatment</td>
<td>12,603</td>
<td>1.8</td>
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<tr>
<td>Neglect and Sexual Abuse</td>
<td>9,245</td>
<td>1.4</td>
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<tr>
<td>Physical Abuse and &quot;Other&quot;/Unknown</td>
<td>6,703</td>
<td>0.1</td>
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<tr>
<td>Physical Abuse and Psychological Maltreatment</td>
<td>6,884</td>
<td>0.1</td>
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<tr>
<td>Physical Abuse and Sexual Abuse</td>
<td>4,490</td>
<td>0.2</td>
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<td>Sexual Abuse and Psychological Maltreatment</td>
<td>4,166</td>
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<td>Total Two Types</td>
<td>95,499</td>
<td>13.4</td>
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<td><strong>THREE TYPES</strong></td>
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<tr>
<td>Neglect, Physical Abuse, and Psychological Maltreatment</td>
<td>3,380</td>
<td>0.5</td>
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<tr>
<td>Neglect, Physical Abuse, and &quot;Other&quot;/Unknown</td>
<td>1,570</td>
<td>0.2</td>
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<tr>
<td>Neglect, Physical Abuse, and Sexual Abuse</td>
<td>1,002</td>
<td>0.1</td>
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<tr>
<td>Total Three Types</td>
<td>6,952</td>
<td>0.8</td>
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<tr>
<td>Remaining Combinations</td>
<td>1,175</td>
<td>0.3</td>
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<td><strong>NATIONAL</strong></td>
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<tr>
<td></td>
<td>572,830</td>
<td>100.0</td>
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</table>

*https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf*

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**Exhibit 3-G: Victims by Age, 2017**

*The youngest children were the most vulnerable to maltreatment.*

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**How Common are ACEs?**

Completing the ACE Module from the 2011-10 BRFSS.
So, maybe babies really do need mental health providers?
ECONOMIC TOLL

The lifetime cost of untreated child maltreatment (which covers 11% of All-cause) incurred annually in the United States is $441 billion.

QUALITY-ADJUSTED LIFE YEAR REDUCTION

SPECIAL EDUCATION  CHILD WELFARE  CRIMINAL JUSTICE

University of Pittsburgh  Infant Mental Health  School of Education

- Strengthen economic supports to families
  - Strengthening household financial security
  - Family-friendly work policies

- Change social norms to support parents and positive parenting
  - Public engagement and enhancement campaigns
  - Legislative approaches to reduce corporal punishment

- Provide quality care and education early in life
  - Preschool enrichment with family engagement
  - Improved quality of child care through licensing and accreditation

- Enhance parenting skills to promote healthy child development
  - Early childhood home visitation
  - Parenting skill and family-relationship approaches

- Intervene to lessen harms and prevent future risk
  - Enhanced primary care
  - Behavioral parent training programs
  - Treatment to lessen harms of abuse and neglect exposure
  - Treatment to prevent problem behavior and later involvement in violence
Example: Impact of High Quality Early Care

Highscope: Perry Preschool Project

University of Pittsburgh

Infant Mental Health
School of Education

Perry-High-Scope

Infant-Toddler Curriculum

- Sense of self
  - Expressing initiative
  - Experiencing well-being
  - Solving problems encountered in exploration and play

- Social Relations
  - Forming an attachment to a primary caregiver
  - Building relationships with other adults
  - Building relationships with peers
  - Showing empathy toward the feelings and needs of others
  - Playing with others

- Creative Representation
  - Initiating and controlling
  - Exploring building and art materials
  - Responding to and identifying pictures and photographs

- Movement
  - Moving parts of the body (turning head, grasping, kicking)
  - Moving the whole body (rolling, crawling, cruising, walking, running, balancing)
  - Moving with objects
  - Feeling and experiencing steady beat

- Music
  - Listening to music
  - Exploring and imitating sound

- Communication and Language
  - Listening and responding
  - Communicating nonverbally
  - Communicating verbally
  - Speaking
  - Exploring picture books and magazines
  - Enjoying stories, rhymes, and songs

- Early Quantity and Number
  - Experiencing "more"
  - Experiencing one-to-one correspondence
  - Experiencing the number of things

- Space
  - Exploring and noticing the location of objects
  - Displaying people and things from various perspectives
  - Filling and emptying, putting in and taking out
  - Taking things apart and fitting them together

- Time
  - Anticipating familiar events
  - Noticing the beginning and ending of time intervals
  - Experiencing "fast" and "slow"
  - Repeating an action to make something happen again: experiencing cause and effect

Savings Derived from Selected Early Childhood Programs

(per dollar invested)

- High/Scope Perry Preschool Project $17.07
- Chicago Child-Parent Center Program $7.14
- Prenatal/Early Infancy Project $5.06
- Abecedarian Early Childhood Intervention $3.78

The High/Scope Perry Preschool Project would amount to a total benefit of $265,000 per child over 40 years.

Benefit to society is approximately $200,000 in crime, education, and welfare.

Each child’s personal benefit amounts to approximately $65,000
Returns to a Unit Dollar Invested

- Programs targeted towards the earliest years
- Preschool programs
- Schooling
- Job training

Rate of Return to Investment in Human Capital

Net Benefits to Government Budget from a Universal Prekindergarten Program

By 2050, the net benefits to government exceed $47 billion.

Budget Costs and Benefits of a Universal Prekindergarten Program

It takes 10 years of a fully phased-in universal prekindergarten program for the budget benefits to offset the program's costs.

Source: Authors' analysis.©2019 Washington Center for Equitable Growth.
• The intention of Endorsement® is to:
  – Transform how professionals view, wonder about, consider, understand, and respond to the pregnant women, infants, young children, and the families they serve.
  – Support professionals who offer knowledgeable and skilled support
  – Enhance professionals’ ability to identify risks to the physical, emotional, and relational health and to respond appropriately.
  – Help professionals develop the capacity to shift perspective, address personal biases, set boundaries, and slow down, observe, and listen.
  – Invite professionals to experience feeling heard, validated, and affirmed for their work

Why Earn Endorsement®?
• Join a growing global community of like-minded professionals*
• Demonstrate achievement of a specialization
• Help to grow the IECMH professionalization of the IECMH field
• Demonstrate a level of expertise to peers, employers, judges, and the community at large
• Reflect on one’s professional journey and the experiences gained that have led to competency

*To date, over 2000 professionals have earned Endorsement® and over 1000 more are in the process of earning Endorsement®
Infant Mental Health (0-3) | Early Childhood Mental Health (3-5)
-----------------------------|-----------------------------------
Infant Family Associate | Early Childhood Family Associate
Infant Family Specialist | Early Childhood Family Specialist
Infant Mental Health Specialist | Early Childhood Mental Health Specialist
Infant Mental Health Mentor | Early Childhood Mental Health Mentor
  • Clinical, Policy, Research/Faculty

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**Endorsement®: Thumbnail side-by-side comparison**

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<thead>
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<th>Education</th>
<th>Infant Family Associate</th>
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<td>CDA/Associate</td>
<td>Bachelors or Masters</td>
<td>Masters or Post-Graduate</td>
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<td>Work Experience*</td>
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<td>2 yrs. post-masters IMH practice</td>
<td>3 years as IMH practice leader</td>
</tr>
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<td>3</td>
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<td>Minimum: 24 hours</td>
<td>Minimum: 50 hours</td>
<td>Clinical: Minimum: 50 hours</td>
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<tr>
<td>Code of Ethics &amp; Agreement</td>
<td>Signed</td>
<td>Signed</td>
<td>Signed</td>
<td>Signed</td>
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<tr>
<td>Written Exam</td>
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<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Membership</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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**Pitt Education**

**Infant Mental Health**

1. **Program**
   - Overview
   - Admissions
   - Financial Aid
   - Housing
   - Program Outcomes

2. **Program**
   - Overview
   - Admissions
   - Financial Aid
   - Housing
   - Program Outcomes

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Endorsement®: The Endorsement IMH-E® and ECMH-E®

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