



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

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University of Pittsburgh Infant Mental Health School of Education

Agenda


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

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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.



Zero to Three

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Key Components

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




The Developmental Science of Early Childhood

Clinical Applications of Infant Mental Health Concepts from Infancy Through Adolescence

CLAUDIA M. GOLD

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



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...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



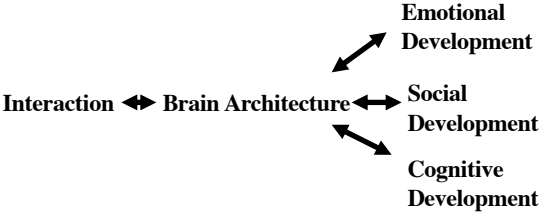
...the **“active ingredients”** of the environment’s influence on healthy human development



National Scientific Council on the Developing Child: Harvard University
(2009)

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

The Central Causal Story



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graph LR
    A[Interaction ↔ Brain Architecture] --> B[Emotional Development]
    A --> C[Social Development]
    A --> D[Cognitive Development]
  
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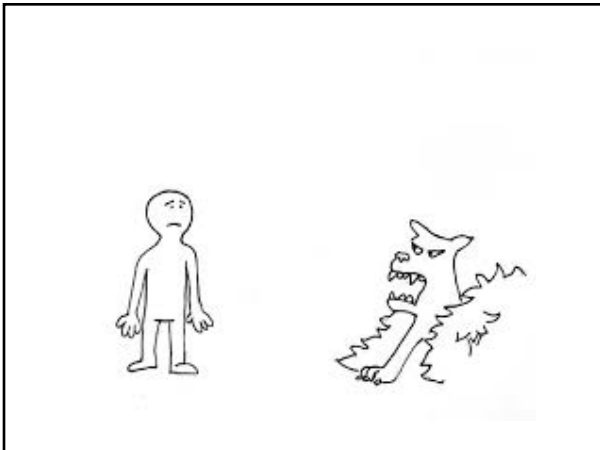
The interaction between the parent and child is a window into the ability of the caregiver to optimize their child's development

—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

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- "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.

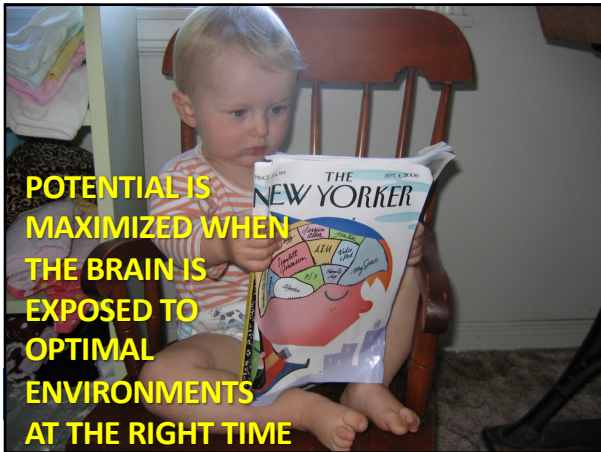


Early Experiences Matter


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.**

Luby & Rogers (2013); Sroufe (2005)






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*.

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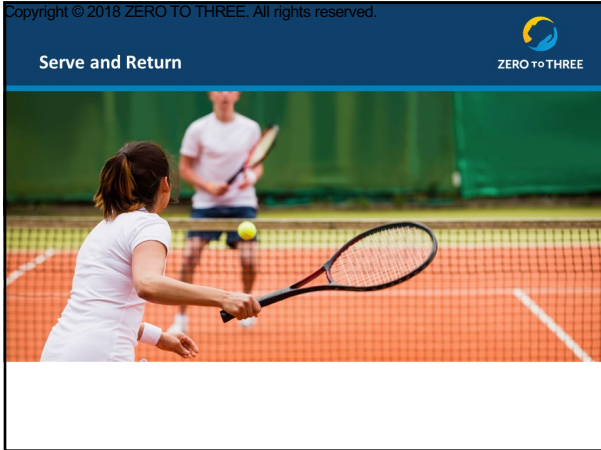
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The 5 R's of Healthy Brain Development



R

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”

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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; Planfulness
- Motivation to succeed
- Self-efficacy
- Faith, Hope, Belief life has meaning
- Effective schools
- Effective neighborhoods; Collective efficacy

The Short List: Masten (2014)

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Relationships as Protective/Resilience Factors

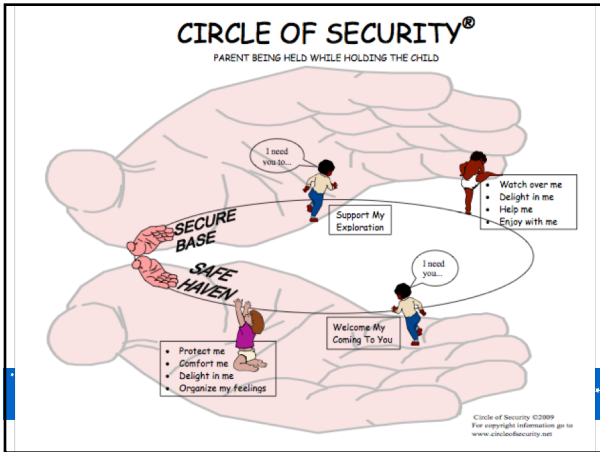
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3. Multidisciplinary

Anyone who touches the life of an infant, toddler and the important people in their lives may support infant mental health.

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“How you are is as important as what you do.”

Jeree Pawl

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“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.



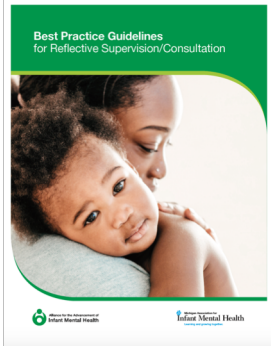
Mentalization (Fonagy) Reflective Function (Slade)

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**

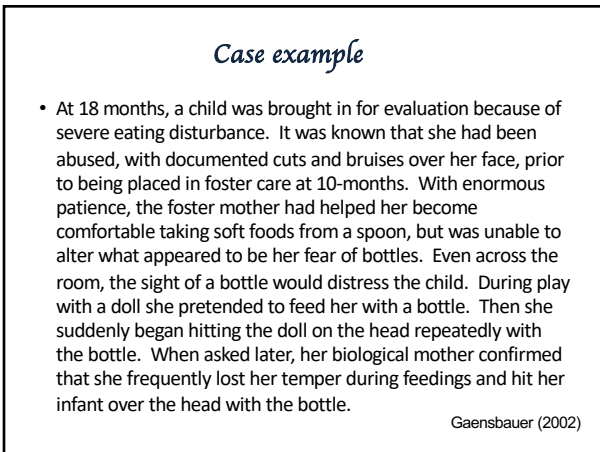
Secondary Traumatic Stress
From Gallen, Lepore, Peterson, & Willford (In Revision)



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 10-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.

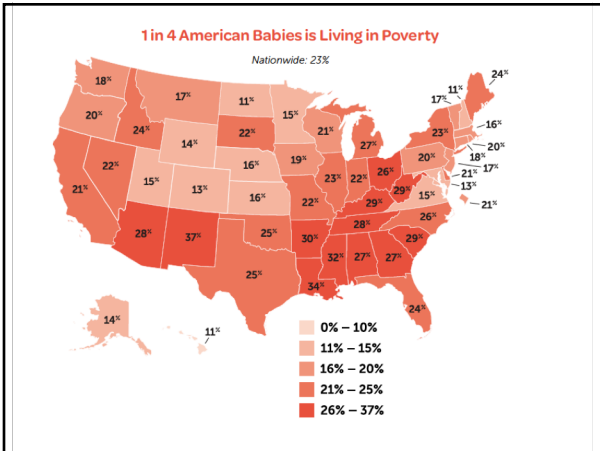
Gaensbauer (2002)



YES!

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





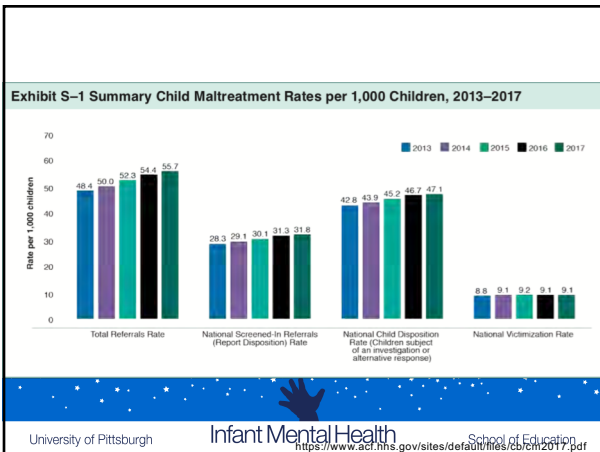


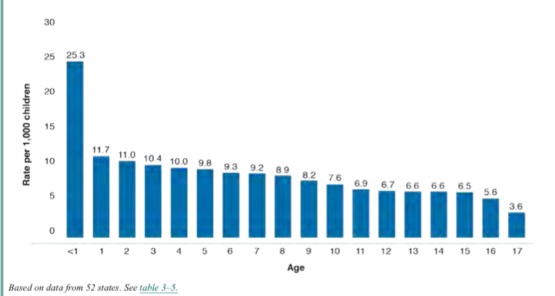
Table 3–10 Maltreatment Type Combinations, 2017

MALTREATMENT TYPE COMBINATIONS	Maltreatment Type	Maltreatment Type Percent
SINGLE TYPE	-	-
Neglect includes Medical Neglect	422,334	62.7
Other/Unknown	19,539	2.9
Physical Abuse	74,195	11.0
Psychological or Emotional Maltreatment	15,478	2.3
Sexual Abuse	44,951	6.7
Total Single Type	576,495	85.6
TWO TYPES	-	-
Neglect and "Other"/Unknown	25,195	3.7
Neglect and Physical Abuse	35,018	5.2
Neglect and Psychological Maltreatment ¹	12,825	1.9
Neglect and Sexual Abuse ²	9,245	1.4
Physical Abuse and "Other"/Unknown	614	0.1
Physical Abuse and Psychological Maltreatment ³	5,684	0.8
Physical Abuse and Sexual Abuse ⁴	1,498	0.2
Sexual Abuse and Psychological Maltreatment ⁵	416	0.1
Total Two Types	90,495	13.4
THREE TYPES	-	-
Neglect, Physical Abuse, and Psychological Maltreatment	3,390	0.5
Neglect, Physical Abuse, and "Other"/Unknown	1,273	0.2
Neglect, Physical Abuse, and Sexual Abuse ⁶	1,002	0.1
Total Three Types	5,665	0.8
REMAINING COMBINATIONS	1,175	0.2
NATIONAL	673,830	100.0

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

Exhibit 3–G Victims by Age, 2017

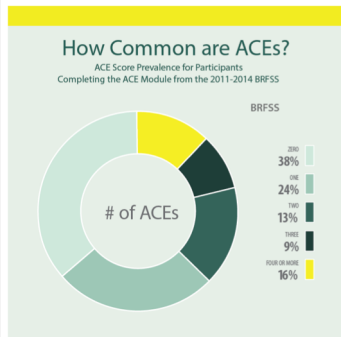
The youngest children were the most vulnerable to maltreatment



Based on data from 52 states. See table 3-5.

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

ACE Score Prevalence for Participants Completing the ACE Module on the 2011-2014 BRFSS.



Note: Reports and articles that use data from other years and/or other states may contain different estimates.
 Source: Merritt, M.J., Ford, D.C., Ports, K.A., & Jayem, A.S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044.

Adverse Childhood Experiences (ACEs)

Types of Childhood Adversity

ABUSE

Physical
Emotional
Sexual

3

types of

ACEs

Adverse Childhood Experiences

NEGLECT

Physical
Emotional

HOUSEHOLD DYSFUNCTION

Incarcerated relative
Divorce
Mother treated violently
Substance abuse
Mental illness

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Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants, Waves 1 and 2.

→ **TYPES of ACEs**

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an ACE score between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

ABUSE

Category	Prevalence
Emotional	11%
Physical	28%
Sexual	21%

HOUSEHOLD CHALLENGES

Category	Prevalence
Mother treated violently	13%
Substance abuse	27%
Mental illness	19%
Separation/divorce	23%
Incarcerated household member	5%

NEGLECT

Category	Prevalence
Emotional	15%
Physical	10%

Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

What's an ACE Score?

RISK

0 ACEs

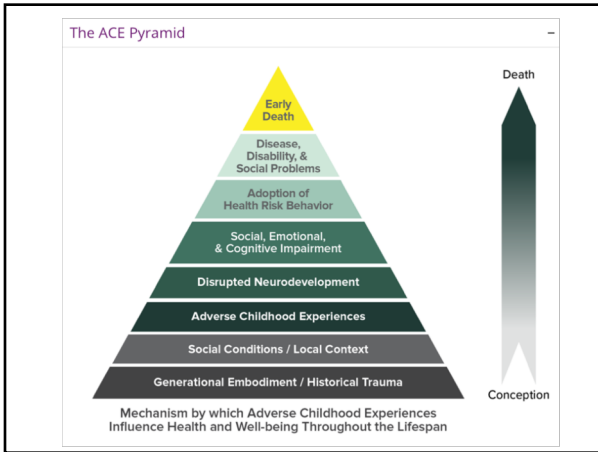
1 ACE

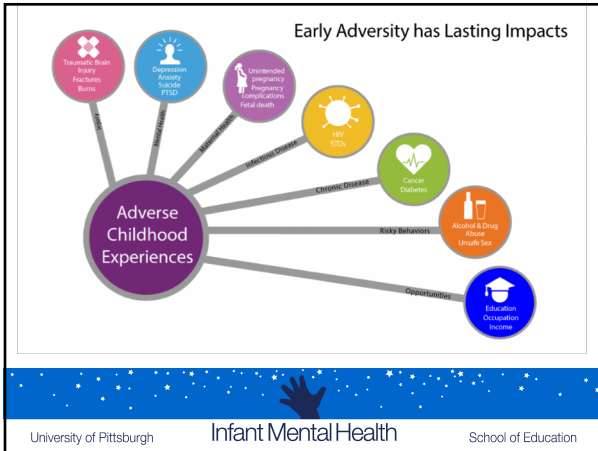
2 ACEs

3 ACEs

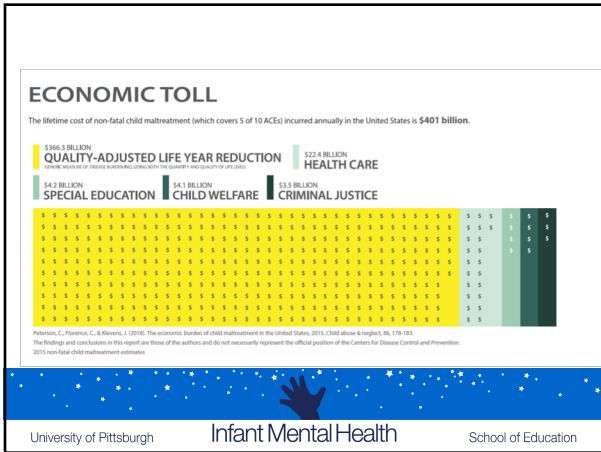
4+ ACEs

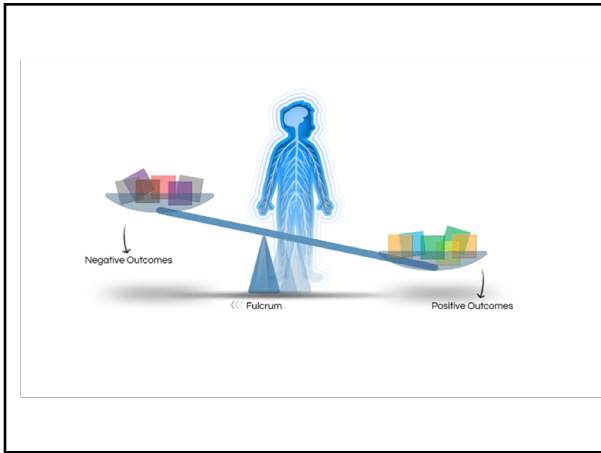
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- Strengthen economic supports to families**
 - Strengthening household financial security
 - Family-friendly work policies
- Change social norms to support parents and positive parenting**
 - Public engagement and enhancement campaigns
 - Legislative 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

Hightscope: Perry Preschool Project

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Perry-High-Scope Infant-Toddler Curriculum

- Sense of Self**
 - Expressing initiative
 - Distinguishing self from others
 - Solving problems encountered in exploration and play
 - Doing things for one's self
- Social Relations**
 - Forming an attachment to a primary caregiver
 - Building relationships with other adults
 - Building relationships with peers
 - Expressing emotions
 - Showing empathy toward the feelings and needs of others
 - Playing with others
- Creative Representation**
 - Imitating and pretending
 - 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
 - Responding to music
 - Exploring and imitating sound s
- Communication and Language**
 - Listening and responding
 - Communicating nonverbally
 - Participating in two-way communication
 - Speaking
 - Exploring picture books and magazines
 - Enjoying stories, rhymes, and songs
- Exploring Objects**
 - Exploring objects with one's hands, feet, mouth, eyes, ears, and nose
 - Discovering object permanence
 - Exploring and noticing how things are the same or different
- Early Quantity and Number**
 - Experiencing "more"
 - Experiencing one-to-one correspondence
 - Experiencing the number of things
- Space**
 - Exploring and noticing the location of objects
 - Observing 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**

 New Research
Perry Preschool: Intergenerational Effects



Full-time employment is more likely for the children of Perry participants compared to children of nonparticipants.

59% <small>of children of Perry participants were employed full-time or self-employed.</small>	VS.	42% <small>of children of nonparticipants were employed full-time or self-employed.</small>
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 New Research
Perry Preschool: Intergenerational Effects

Children of Perry participants are much more likely to complete high school without suspension, compared to children of nonparticipants.

 67% <small>CHILDREN OF PERRY PARTICIPANTS</small>	VS.	 40% <small>CHILDREN OF NONPARTICIPANTS</small>
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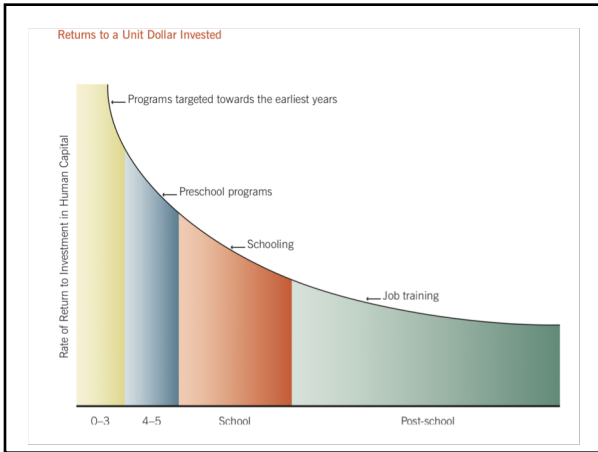
 New Research
Perry Preschool: Intergenerational Effects

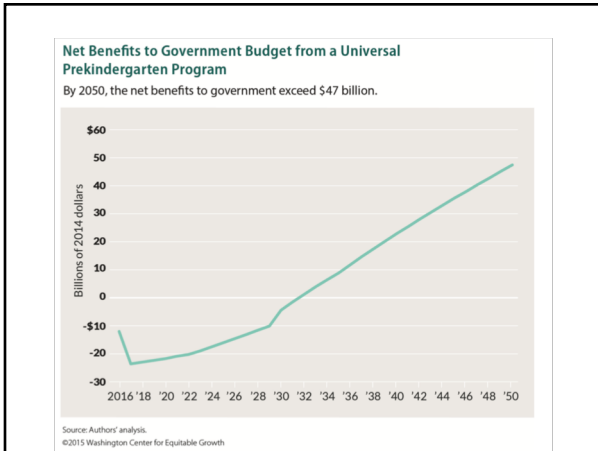


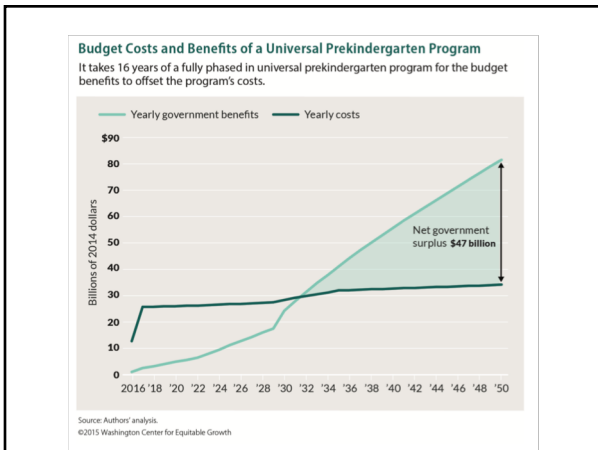
Access to high-quality early childhood education can break the cycle of poverty across generations.

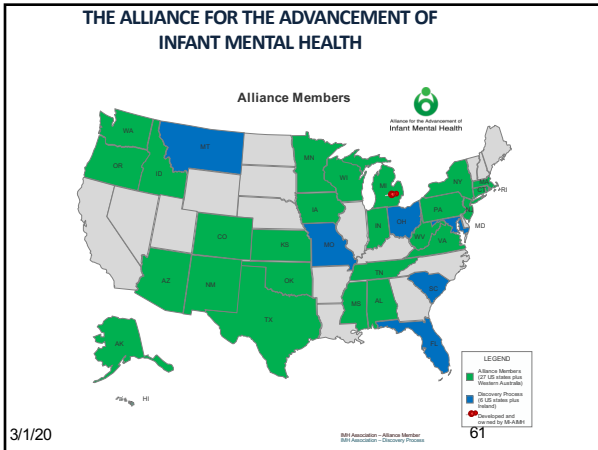


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- **The intention of Endorsement® is to:**
 - Transform how professionals view, wonder about, consider, understand, and respond to the pregnant women, infants, young children, and the families they serve.
 - Support professionals who offer knowledgeable 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®*

Promoting early relationships birth to five

The Endorsement IMH-E® and ECMH-E®

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 • Clinical, Policy, Research/Faculty	Early Childhood Mental Health Mentor • Clinical, Policy, Research/Faculty

Endorsement®: Thumbnail side-by-side comparison

	Infant Family Associate	Infant Family Specialist	IMH Specialist	IMH Mentor: Clinical, Faculty, or Policy
Education	CDA/Associate	Bachelors or Masters	Masters or Post-Graduate	Masters, Post-Graduate
Work Experience* www.imh.org	2 yrs. in infant/family field	2 yrs. in infant/family field	2 yrs. post-masters IMH practice	3 years as IMH practice leader
In-Service Training	Minimum 30 hrs.	Minimum 30 hrs.	Minimum 30 hrs.	Minimum 30 hrs.
References	3	3	3	3
Reflective Supervision	Not required	Minimum: 24 hours	Minimum: 50 hours	Clinical: Minimum 50 hours
Code of Ethics & Agreement	Signed	Signed	Signed	Signed
Written Exam	No	No	Yes	Yes
Membership	Yes	Yes	Yes	Yes



Pitt Education

Infant Mental Health

Applied Developmental Psychology

OVERVIEW

Study in Infant Mental Health can be done as a concentration within the Master's of Science program in Applied Developmental Psychology or as a standalone certificate.

Our hybrid certificate program prepares students and professionals to address the social-emotional and mental health needs of our young children and their families through the provision of high-quality interventions and environments as parents.

You will learn:

- Principles of infant and early childhood mental health.
- Develop skills to support the social-emotional development of our young children and their families.
- Learn about the scope of infant mental health practice and opportunities for advocacy and action.
- Learn with innovative and competency-based faculty engaged in the early childhood workforce.
- Learn how to apply infant mental health theory into practice.

Curriculum

Our program is organized to meet the ALL needs for Advanced Infant Mental Health founded on a set of core theoretical perspectives of infant and early childhood development and mental health practice that all work with children, families, and the individuals who work with them should be relationship-based, culturally sensitive, grounded in an understanding of diverse mental health and research, and support self-reflective practice.

Courses that are offered through a hybrid of online and in-person learning include:

- Foundations of Infant Mental Health I
- Foundations of Infant Mental Health II
- Infant Mental Health Interventions I
- Infant Mental Health Interventions II
- Infant Development
- Infant Assessment
- Reflective Supervision and Consultation

Careers

Infant Mental Health is a cross-disciplinary field of study and practice. The Infant Care Certificate and Concentration will provide you with specialized knowledge and skills that will allow you to practice within your discipline with very young children and families from an evidence-based infant and early childhood focus.

This certificate does not lead to licensure.

The ADP MS program has options as preparation for licensure or certification in BDIS, ABA, and Child Life.

Prepare to Pursue Endorsement

The IMH Certificate and ADP MS 100 Concentration will provide you with the academic and skills developmental necessary for Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health through the Pennsylvania Association of Infant Mental Health (PAIMH) or Family Specialist or Specialist Early Intervention, Infant Mental Health Specialist (Treatment/Consultation), and Infant Mental Health Mentor (Clinical, Faculty, or Policy Leadership) levels.



FOR MORE INFORMATION

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education.pitt.edu

Key Resources

- Alliance for the advancement of infant mental health (2018). Best practice guidelines for reflective supervision/consultation. <https://www.allianceaimh.org/reflective-supervision-consultation>
- Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. ZERO TO THREE: Washington D.C.
- Heller, S. & Gilkerson, L. (Eds). (2009) *A Practical Guide to Reflective Supervision*. Washington, DC: Zero to Three Press.
- Michigan Association for Infant Mental Health, (n.d.). *Best practice guidelines for reflective supervision/consultation*. Retrieved September 10, 2011, from <http://www.miamh.org>.
- MIECHV Region X Innovation in Home Visiting Workforce Development Project Literature Review: Reflective Supervision/Consultation (2018). <http://www.oraimh.org/wp-content/uploads/2019/01/WA-AIMH-FINAL-LITERATURE-REVIEW-11.6.18.pdf>
- Weatherston, D., Weigand, R. F., & Weigand, B. (2010). Reflective supervision: Supporting reflection as a cornerstone for competency, *ZERO TO THREE*, 31(2),22-30.



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