



Pathways to Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

**BUILDING PROTECTIVE FACTORS FOR YOUNG CHILDREN AND FAMILIES:
EVIDENCE BACKED INTERVENTIONS FOR CHILDREN UNDER 5 AND THEIR
PARENTS AND CAREGIVERS**

Susan Chinitz, Psy.D
Training and Technical Assistance Center
NYC Early Childhood Mental Health Network

Pathways to Professional Development: Building Foundations in Infant and Early Childhood Mental Health



Pathways to Professional Development was developed to build workforce competence and professional preparedness for clinicians working in the perinatal and birth to 5 periods

- 21 foundational webinars focused on the foundations of Infant and Early Childhood Mental Health.
 - Provided live virtually
 - Recorded for viewing as LMS modules
- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually and in-person.
- View all offerings here → <https://www.ctacny.org/special-initiatives/pathways-to-professional-development/>

The aim is to develop a well prepared and competent workforce trained to identify and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.



Who we are



These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), Peer TAC, and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.
- **NYCCD and McSilver** also run the **NYC Perinatal + Early Childhood Training and Technical Assistance Center (TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

<https://ttacny.org/>



Overview of Topic



- This presentation will begin by offering a framework for discussing the various evidence-based programs that are specifically designed for children under 5 and their caregivers and families. This will include the public health framework of promotion, prevention and intervention.
- The framework will also include a description of the five protective factors that have been shown to mitigate risk and promote the healthy development and well being of families of young children, and we will consider how each of the programs described addresses these protective factors.
- The presentation will then turn to a description of evidence-based programs that were developed for children birth to five years of age. It will describe community-based programs that focus on promotion and especially prevention, including Early Head Start, Healthy Steps, and various home visiting programs including Healthy Families, Parents as Teachers, and Nurse Family Partnership.
- Next, it will offer descriptions of therapeutic programs designed to intervene when a clinical problem has been substantiated, including Child Parent Psychotherapy (CPP), Perinatal Child Parent Psychotherapy (P-CPP), and Parent Child Interaction Therapy (PCIT). Programs that bridge the prevention/intervention continuum, such as the Incredible Years and Attachment Bio-Behavioral Catch-Up (ABC), will also be discussed.



Learning Objectives



- Learn the 5 protective factors that have been shown to mitigate risk for families of young children
- Identify evidence backed community-based programs for children birth to five that promote families' protective factors
- Identify and select therapeutic treatment programs that meet child and family needs when clinical problems emerge

PUBLIC HEALTH FRAMEWORK

PROMOTION

PREVENTION

INTERVENTION



Protective Factors



Protective factors are conditions in individuals, families, and communities that, when present, reduce risk and promote the healthy development and well-being of children and families

When considering effective ways to keep families and children safe and thriving, enhancing protective factors plays an important a role in reducing risk factors.

Protective factors not only help ensure that children and families thrive, they may also act as buffers or safeguards against maltreatment by equipping parents with the tools and resources they need to parent effectively under stress



The 5 Protective Factors

Parental Resilience



Resilient parents are those who can cope with the stresses of everyday life and the occasional crisis and have developed the flexibility and inner strength needed to bounce back from a challenging time.

Concrete Support



Families will not thrive if parents cannot provide basic needs such as food, shelter, clothing and transportation. Also necessary: access to essential services such as child care, health care and mental health services to provide stability, treatment and help for family members during a crisis.

Social and Emotional Competence



Children and teens who can interact positively with others, self-regulate their behavior and effectively communicate their feelings have stronger relationships with family, other adults and peers. This competence results from children's early experiences of being nurtured and cared for.

Knowledge of Parenting and Child Development



Accurate information about child development and appropriate expectations for children's behavior help parents see their children in a positive light and promote healthy development. This information can come from many sources, such as family members and parent education classes, such as those offered by SAFEchild. Parents who experienced harsh discipline in childhood may need extra help (e.g., a SAFEchild class).

Social Connections



Parents who have a social network of emotionally supportive friends, family, neighbors and community members often find it is easier to care for their children and themselves.

Resilience



Protective Factors

Risk Factors

COMMUNITY BASED PROGRAMS

- EARLY HEAD START
- NURSE FAMILY PARTNERSHIP
- HEALTHY FAMILIES

- HEALTHY STEPS





A two-generation, federal early childhood program for low-income families that can begin during pregnancy and continue through the child's third birthday.

Began in 1995

Developed in response to research on the first three years of life as a critical period for brain development, the development of children's attachments, and the development of other foundational cognitive/linguistic and social emotional competencies

Grounded in principles and practices of infant mental health



May be center-based, home-based, or a combination of the two.

Some provide full-day childcare either as a direct service or via partnership with family child care networks.

All Early Head Start programs must comply with rigorous performance standards that ensure that the programs are of high quality.

**STRONG FOCUS ON
THE PARENT-CHILD
RELATIONSHIP**

**FOCUS ON STAFF
DEVELOPMENT**

**FAMILY ENGAGEMENT
IN PROGRAM
GOVERNANCE**

**FAMILY STABILITY
AND ECONOMIC
SELF SUFFICIENCY**



Early Head Start Services



Child Development / Early Education / Curriculum

Family Support Services / Family Goal Planning

Developmental, Health, Mental Health and Dental Screenings

Connection to Community Based Services

Services for Children with Disabilities

Policy Council

Transition Planning

Benefits To Children



Cognitive Development

Receptive Vocabulary

Social Emotional Competencies /
Fewer Behavior Problems

Access To Health Care

Benefits to Parents and Families

Greater parental emotional responsiveness, warmth and support

Lower levels of parenting stress

Less family conflict

Less use of corporal punishment

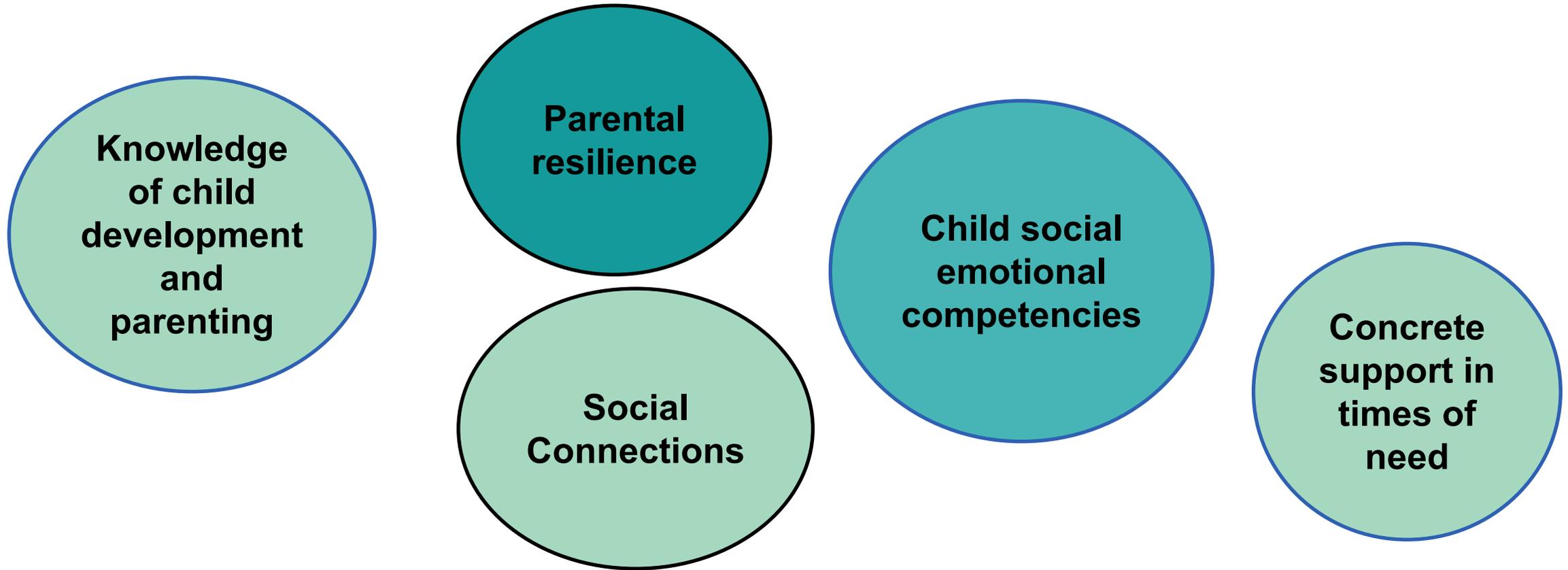
Increased knowledge of infant development

Career Ladder for some parents

Improved family economic security

Decreased rates of child maltreatment

Protective Factors



**Knowledge
of child
development
and
parenting**

**Parental
resilience**

**Child social
emotional
competencies**

**Concrete
support in
times of
need**

**Social
Connections**



**Pathways to
Professional Development**
Building Foundations in Infant
and Early Childhood Mental Health



**NEW
YORK
STATE**

**Office of
Mental Health**



POWERED BY NYU MCSILVER

HOME VISITING PROGRAMS



- NURSE FAMILY PARTNERSHIP
- HEALTHY FAMILIES
- PARENTCHILD +
- PARENTS AS TEACHERS
- SAFE CARE



Over 40 years of evidence showing significant improvement in the health and life outcomes of participating infants, toddlers and parents



When I found out I was having my first baby, I knew I needed help.



My nurse from the Nurse-Family Partnership helped me make a plan to take care of my baby and myself.

The Nurse-Family Partnership provides support to first-time moms – and it's FREE! Create a better future for you and your baby. Enroll up to your seventh month of pregnancy – regardless of age and immigration status.



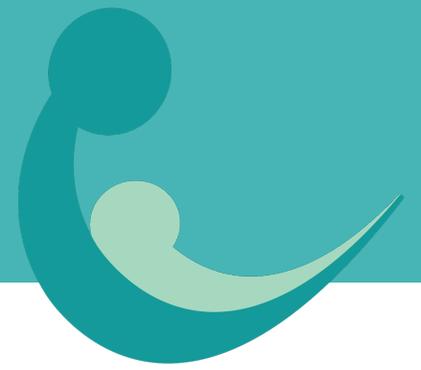
Call 311 and ask for the Nurse-Family Partnership



THERE IS A MAGIC WINDOW DURING PREGNANCY... A TIME WHEN THE DESIRE TO BE A GOOD MOTHER AND RAISE A HEALTHY, HAPPY CHILD CREATES MOTIVATION TO OVERCOME INCREDIBLE OBSTACLES INCLUDING POVERTY WITH THE HELP OF A WELL- TRAINED NURSE.

1. Olds, D.L., et al. (1997). Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect Fifteen-Year Follow-up of a Randomized Trial. JAMA 1997
2. Olds DL, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. Pediatrics 2004
3. Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. American Journal of Public Health 1988 4. Kitzman H, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. Journal of the American Medical Association 1997
5. Karoly, L., Kilburn, M. R., Cannon, J. Proven results, future promise. RAND Corporation 2005.

Nurse Family Partnership (NFP)



- Specially trained registered nurses visit first time mothers beginning in the 2nd trimester of pregnancy until the child is 2 years old.
- Visits are usually biweekly, but schedule is flexible based on family's needs
- Visits address mother's health, the pregnancy and delivery, child health & development, and mother's life course development including economic self-sufficiency



Targets

- Detect early warning signs of health problems during pregnancy, post-partum, infancy and early childhood that can lead to adverse outcomes
- Support mothers to advocate for themselves and their child as they interact with the health system
- Parental competence and confidence
- Healthy child development
- Mothers complete education; set goals for self-sufficiency



NFP Maternal Outcomes



LOWER
RATES OF
MATERNAL
MORTALITY

31% reduction
in very closely
spaced
subsequent
pregnancies

72% fewer
convictions of
mothers
(measured at
child age 15)

82% increase
in months of
employment

Less use of
public
assistance and
other federal
benefits

NFP Child Outcomes



48% reduction in
child abuse and
neglect

67% fewer
behavior and
cognitive
problems in
children age 6

39% fewer
health care
visits for
injuries and
ingestions

56% fewer ER
visits for
accidents
and
poisonings

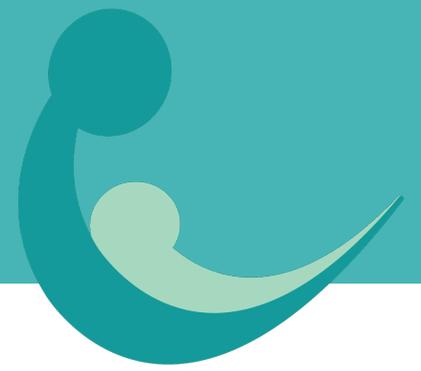
Lower rates of
preventable
child mortality
from birth to
20 years of age

21% increase
in
breastfeeding

Higher
immunization
rate

50% reduction
in language
delays of child
age 21
months

NFP Updates



- Recently merged with Child First for more mental health services
- Piloting studies to see if NFP has the same impact with parents who have other children (not just first time mothers)
- Also piloting studies to see if NFP has the same impact if mothers are enrolled past the second trimester of pregnancy



Healthy Families New York



HOME VISITING PROGRAM FOR FAMILIES FROM PRENATAL PERIOD TO WHEN CHILD ENTERS PRESCHOOL

Healthy Families New York works to nurture healthy parenting for healthy babies.

Rooted in three core concepts:

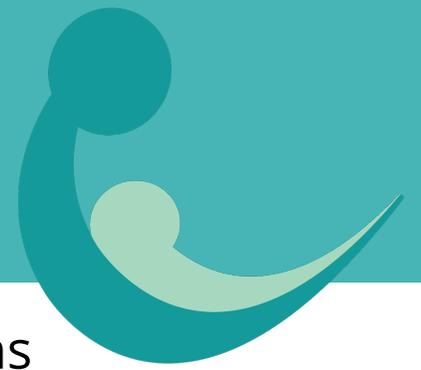
- Relational health and attachment
- Trauma-informed practice
- Reflective capacity

Services are provided by a Family Support Specialist, often a paraprofessional who is from the participant's community

Enrollment from pregnancy up to 3 months of age
Long term, until child is in preschool program



Healthy Families Targets



- Connection to medical providers for prenatal/well-baby visits and immunizations
- Information on prenatal care, parenting, infant and child development, and child health
- Activities with the child to increase bonding and to promote cognitive and physical development
- Assess child for developmental milestones and provide referrals for early intervention if needed
- Help family access community resources and services such as job training, ESL classes, legal services, GED preparation classes and health care
- Provide social and educational events to bring parents together



Three Tracks For Healthy Families



- Standard program
- Accelerated program for low-risk families who will benefit more quickly
- Child Welfare protocol – longer term services and enrollment of children up to 2 years of age



Healthy Families Prevents Child Abuse And Neglect



- 49% reduction in the rate at which children of young, first time mothers who enrolled early in pregnancy were confirmed as victims of CPS reports between ages 5 and 7
- 50% reduction in subsequent confirmed CPS reports after 7 years, with a confirmed report prior to program entry
- At ages 1, 2 and 7, participating mothers reported 75-88% fewer acts of physical abuse



Healthy Families Promotes Success in School



- 50% less likely to repeat first grade
- 26% reduction in special education services by age 7
- 23% reduction in below average scores for receptive vocabulary for children of young first time mothers who enrolled early in pregnancy
- 2.7 times more likely to be participating in a gifted program by age 7



Other Healthy Families Outcomes



- Improvement in birth outcomes and child health
- Increase in positive parenting practices, including sensitivity to child's needs and cues and stimulation of child's cognitive skills
- Reduction in juvenile delinquency
- Less Intimate Partner Violence
- Parent more likely to complete education





- On the NYS roster of evidence-based approved programs for the NYS Families First Prevention Plan
- Serves children and families from prenatal period through Kindergarten
- Four components include personal visits (including virtual visits), group connections, resource network and child and caregiver screening

GOALS:

- Increase parent knowledge of early child development and improve positive parenting practices
- Early detection of developmental delays and connection to services
- Improve parent, child and family health and well being
- Prevent child abuse and neglect
- Increase children's school readiness and success
- Improve family economic well being
- Strengthen community capacity and connectedness





- Places early childhood specialists in pediatric practices in order to be able to provide more time and expertise to address parents' concerns about their children's development, behavior, their own mental health and well being, and that of their families
- Builds on the trust parents have in their pediatricians and pediatric practices
- Universally accessed and non-stigmatizing venue for the provision of child development and family support services



Core Components (Services)

TIER 1. UNIVERSAL SERVICES

1. Child developmental, social-emotional & behavioral screening
2. Screening for family needs (i.e., maternal depression, other risk factors, social determinants of health)
3. Family support line (e.g., phone, text, email, online portal)

TIER 2. SHORT-TERM SUPPORTS (specific, time-limited concerns)

All Tier 1 services plus...

4. Child development & behavior consults
5. Care coordination & systems navigation
6. Positive parenting guidance & information
7. Early learning resources

TIER 3. COMPREHENSIVE SERVICES (families most at risk)

All Tier 1 & 2 services plus...

8. Ongoing, preventive team-based well-child visits

Healthy Steps Outcomes



CHILD IMPACTS:

- Screening and connection to services
- Breastfeeding and appropriate early nutrition
- Better scores on social emotional screening
- Timely and continued care and vaccinations

FAMILY IMPACTS

- Higher rates of referrals for maternal depression
- Knowledge of infant development
- Early relational health
- Early literacy practices
- Child safety practices

THERAPEUTIC INTERVENTIONS FOR YOUNG CHILDREN

- CHILD PARENT PSYCHOTHERAPY
- PERINATAL CHILD PARENT PSYCHOTHERAPY
- PARENT-CHILD INTERACTION THERAPY

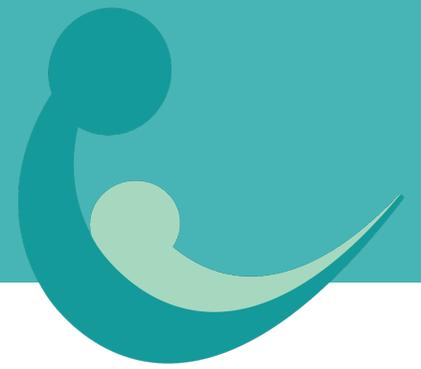
Child Parent Psychotherapy (CPP)



- Evidence-based, dyadic intervention for children birth to age 5 and their primary caregiver when there has been a trauma that has impacted the child, parent, or both, or when there have been other relational disruptions
- Based in attachment theory, trauma theory, and psychodynamic psychotherapy
- Central goal is to support and strengthen the caregiver/child relationship as the vehicle to restore the child's sense of safety and well being and to protect the child's mental health
- Helps parents understand the impact of life events on the child's inner life and their manifestation in the child's behavior
- Helps children to understand the things that have happened to them, and their caregiver's behavior

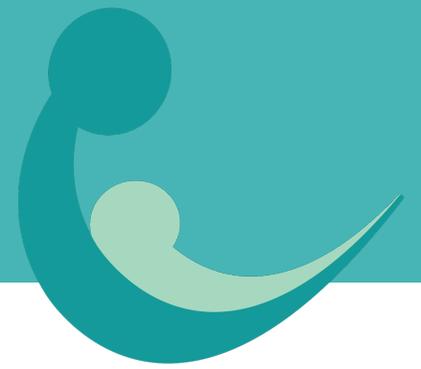


CPP Foundations



- Uses the child's play, observations of parent-child interaction, children's disruptive or dysregulated behaviors, and parent dialogue as **"Ports of Entry"** for therapeutic input
- Joint observations of the child's play help parents appreciate the impact of traumatic events on the child's inner life and behavior
- Trauma narrative helps parents to **speak the unspeakable** and explain to the child events that are confusing, scary and unpredictable to the child
- Parents are helped to understand **"ghosts in the nursery"** and how their past relationship and relational experiences are imposed on the child
- **Parental attributions to child** are explored through that lens
- **Angels in the nursery** - early, positive experiences with caregivers that provided parents with a sense of safety, acceptance and self worth as growth-promoting forces for traumatized parents

CPP Components

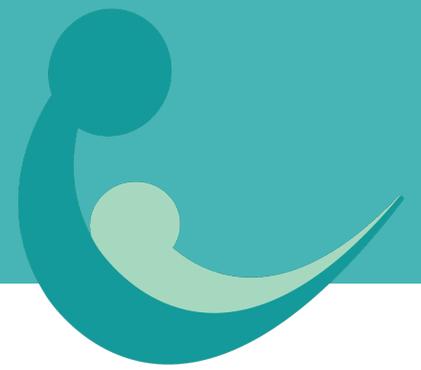


- Promote developmental progress through play, physical contact, and language
- Developmental guidance
- Modeling appropriate protective behavior
- Providing emotional support
- Addressing traumatic reminders
- Insight-oriented interpretation
- Offering crisis intervention, case management and concrete assistance



Research on CPP Efficacy

5 Randomized Control Studies



- Children exposed to domestic violence showed significantly greater reduction in total behavior problems and trauma symptoms. Mothers showed reduction in avoidant symptomatology; At 6-month follow up, after treatment ended, improvements in child behavior and mother's symptoms were sustained; children with multiple traumatic events showed greater improvements in PTSD, depression symptoms and behavior problems; mothers showed improvements in PTSD and depression symptoms
- Children's cognitive functioning improved
- Increased and sustained attachment security in maltreated children who received CPP as infants/toddlers
- Reduced placement interruptions for culturally diverse children in foster care

NEW FINDING: Child-Parent Psychotherapy reduces the impact of trauma on cellular aging



A new study examined **cellular aging** in two groups of children, aged 2 to 6 years, who all experienced trauma.



Why study trauma and cellular aging?

Trauma exposure accelerates the normal process of cellular aging.

Epigenetic Age Acceleration (EAA) is associated with greater health problems, including cardiovascular disease, cancer, and stroke.



One group received **Child-Parent Psychotherapy (CPP)**.

The comparison group did not.



Children who received CPP had **lower Epigenetic Age Acceleration** after treatment compared to the no-treatment group.



What is CPP?

CPP is an attachment-based trauma treatment for children under age 6 that promotes physical and emotional safety between child and caregiver. Extensive research shows that CPP results in improvements in child and caregiver mental health.

What does this finding mean?

The children who received **CPP** may be at lower risk for health problems later in life.

TAKEAWAY

Invest early for better health. Treating early childhood trauma heals now and has the potential to improve physical health later.

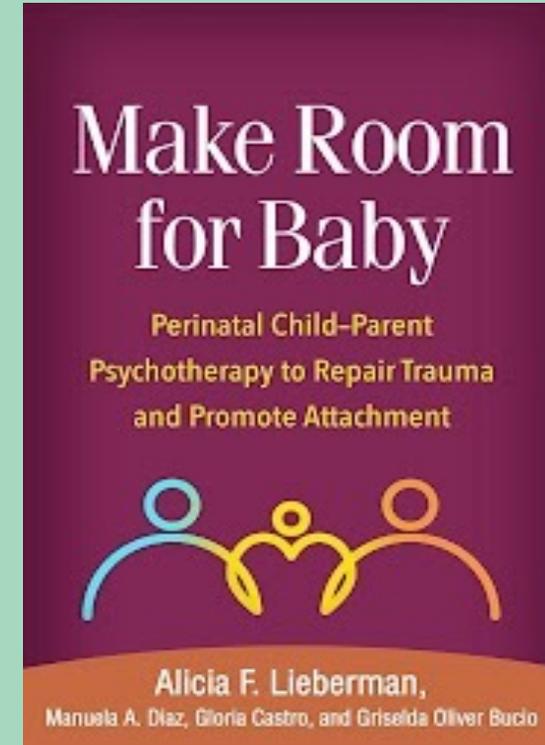


Sullivan, Merrill, et al., Kober, Lieberman, Bush 2024; *Psychological Science*

Perinatal Child Parent Psychotherapy (P-CPP)

ISSUES ADDRESSED

- Circumstances by which pregnancy occurred and partner and family responses to the pregnancy
- Positive and negative attributions to the baby
- Fears about childbirth, conflicts around becoming a parent, and developing a birth plan
- Experiences of labor/delivery and perceptions of the baby



Parent Child Interaction Therapy (PCIT)



- Family centered (dyadic) treatment approach for children 2 – 7 years of age with externalizing or disruptive behaviors
- Appropriate for all caregivers including parents, foster or kinship care providers
- GOAL: Parents learn strategies that will enhance the parent-child relationship and promote positive behaviors in children



PCIT



- Uses live-in-the-moment coaching with a parent (often through a one way mirror, using a bug in the ear technology) to help parent establish a better relationship with child, and to manage negative behavior more effectively.
- Approximately 15 weekly sessions that last 1 – 1½ hours
- 2-phase approach:
 - Child directed interaction
 - Parent-directed interaction

In each phase, the therapist coaches the parent to master the targeted skills during real-time interaction with the child



Child-Directed Interaction: Parents Build Pride Skills



- **PRAISE** TO ENCOURAGE POSITIVE BEHAVIORS AND MAKE THE CHILD FEEL GOOD ABOUT THE RELATIONSHIP
- **REFLECTION:** REPEAT AND BUILD ON WHAT THE CHILD SAYS TO SHOW THE PARENT IS LISTENING AND TO ENCOURAGE IMPROVED COMMUNICATION
- **IMITATION:** OF WHAT THE CHILD IS DOING, TO SHOW APPROVAL AND HELP TEACH THE CHILD HOW TO PLAY WITH OTHERS
- **DESCRIPTION:** OF THE CHILD'S ACTIVITIES TO DEMONSTRATE INTEREST AND STRENGTHEN MUTUAL PLAY SKILLS
- **ENJOYMENT:** BE ENGAGED AND AUTHENTIC IN PLAY INTERACTION
- **THERAPIST ALSO GUIDES PARENT TO USE SELECTIVE ATTENTION TO POSITIVE BEHAVIORS AND TO IGNORE NEGATIVE BEHAVIORS**

Parent-Directed Interaction



- Therapist teaches parent to give clear, direct instructions to the child
- Provide consistent consequences both for compliance (labeled, specific praise) and for non-compliance (a warning, a choice, followed by a short time-out)



Research on Efficacy of PCIT



- Parents learn more effective parenting techniques
- Children's behavior problems decrease
- Increased child compliance with parental instruction
- Reduced parenting stress
- Improved parent-child relationships
- Reduced risk for maltreatment and maltreatment recurrence

Protective Factors

CHILD PARENT PSYCHOTHERAPY

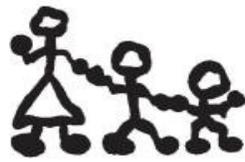
- Child social emotional competence
- Parental resilience
- Knowledge of child development and parenting skills
- Concrete support in times of need

PARENT CHILD INTERACTION THERAPY

- Child social emotional competence
- Parental resilience
- Knowledge of child development and parenting skills

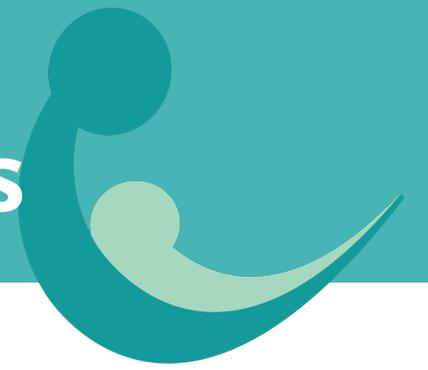
PARENT DIRECTED PROGRAMS

- INCREDIBLE YEARS
- TRIPLE P
- CIRCLE OF SECURITY
- ATTACHMENT AND BIOBEHAVIORAL CATCH-UP



- A parent-directed group developed to strengthen parenting competencies, to promote children's social and emotional skills, and to reduce conduct problems
- Parent programs are grouped according to age: babies (0-12 months), toddlers (1-3 years), preschool (3 – 6 years), and school age (6 – 12 years)
- Groups are delivered in 12 – 20 weekly sessions of 2 to 3 hours; Parent to parent support in addition to group leader support
- Groups focus on strengthening parent-child interactions, nurturing relationships, reducing harsh discipline and developing sustainable means of positive behavior management
- Begins with relationship building including child directed play and praise

Other Programs from the Incredible Years



Social Emotional Learning Program for Children

- Small group treatment for children 4- 8 years; Uses dinosaur themed materials and life size puppets to engage children; considered treatment
- Classroom directed program for children, considered to be a prevention program, 2-3 times a week for 20-30 minute circle time lessons

Teacher program for children of different ages





- Increasing the knowledge, skills, and confidence of parents and reducing the prevalence of mental health, emotional, and behavioral problems in children
- Ages 0 - 12
- A toolbox of ideas:
 - Raise happy, confident kids
 - Manage misbehavior so everyone in the family enjoys life more
 - Set rules and routines that everyone respects and follows
 - Encourage behavior you like
 - Take care of yourself as a parent
 - Feel confident you're doing the right thing





Circle of Security

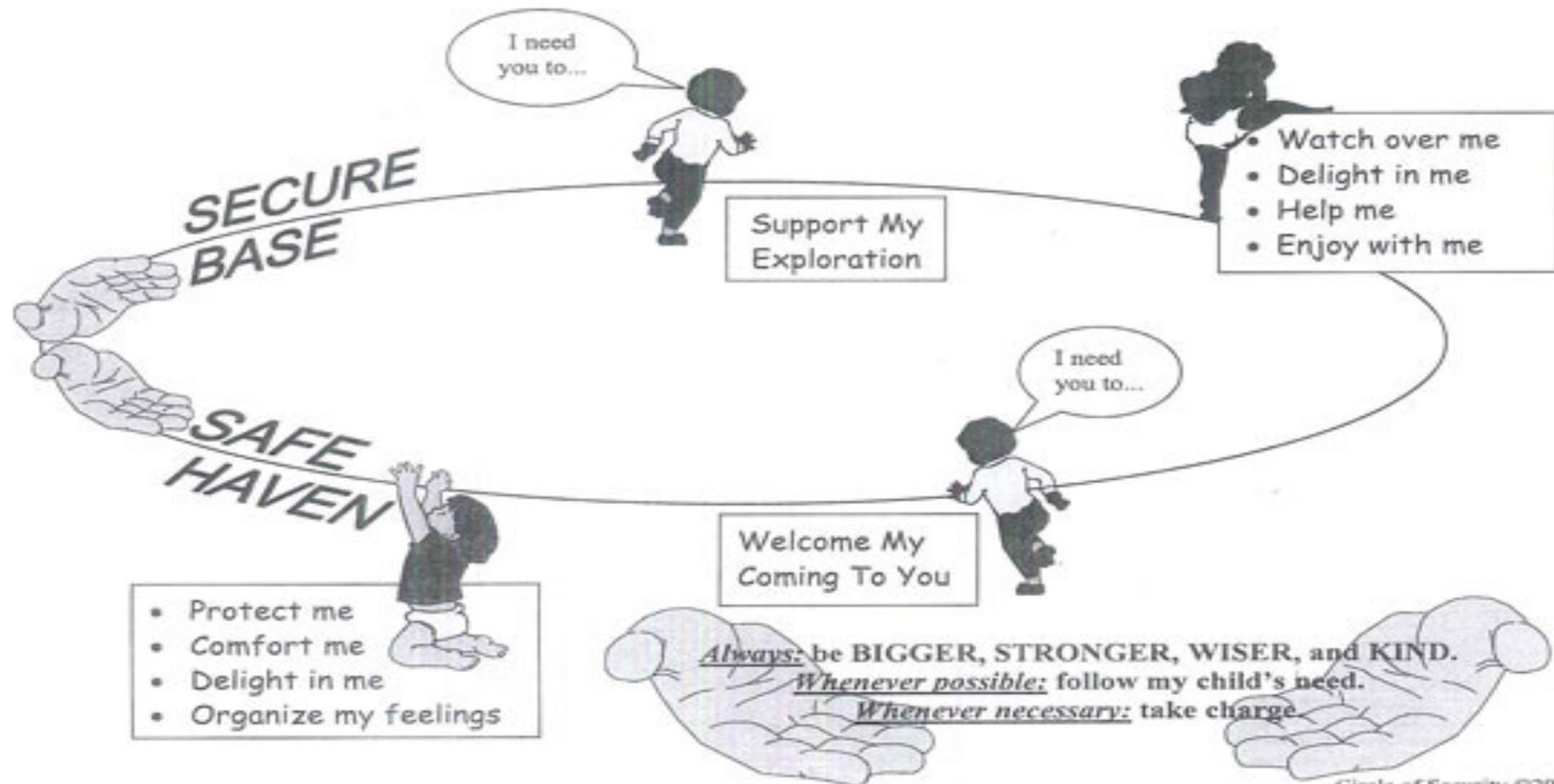
I N T E R N A T I O N A L™

Early Intervention Program for Parents & Children

- **Attachment problems in infancy and early childhood increase the probability of psychopathology later on in life.**
- **The quality of the attachment relationship is amenable to change.**
- **Circle of Security is a relationship-based parenting program designed to enhance parents' knowledge of attachment and to enhance the attachment security between parents and children**
- **Lasting change in the attachment relationship comes from caregivers' developing specific relationship capacities rather than learning techniques to manage behavior.**

CIRCLE OF SECURITY[®]

PARENT ATTENDING TO THE CHILD'S NEEDS





Attachment & Biobehavioral Catch-up

UNIVERSITY OF
DELAWARE

For caregivers of infants and toddlers who have experienced early adversity

10 one-hour weekly sessions in families' homes

Structured topics including parent child play
Includes feedback and video review.

Helps parents re-interpret children's behavioral signals and respond sensitively

Reduce frightening parental behavior/shark music

Enhances children's regulatory and behavioral capacities

Fosters secure attachment

ABC Targets and Session Topics



- ABC Infant 6-24 months
- ABC Toddler: 24-48 months

TARGETS PARENTING BEHAVIORS:

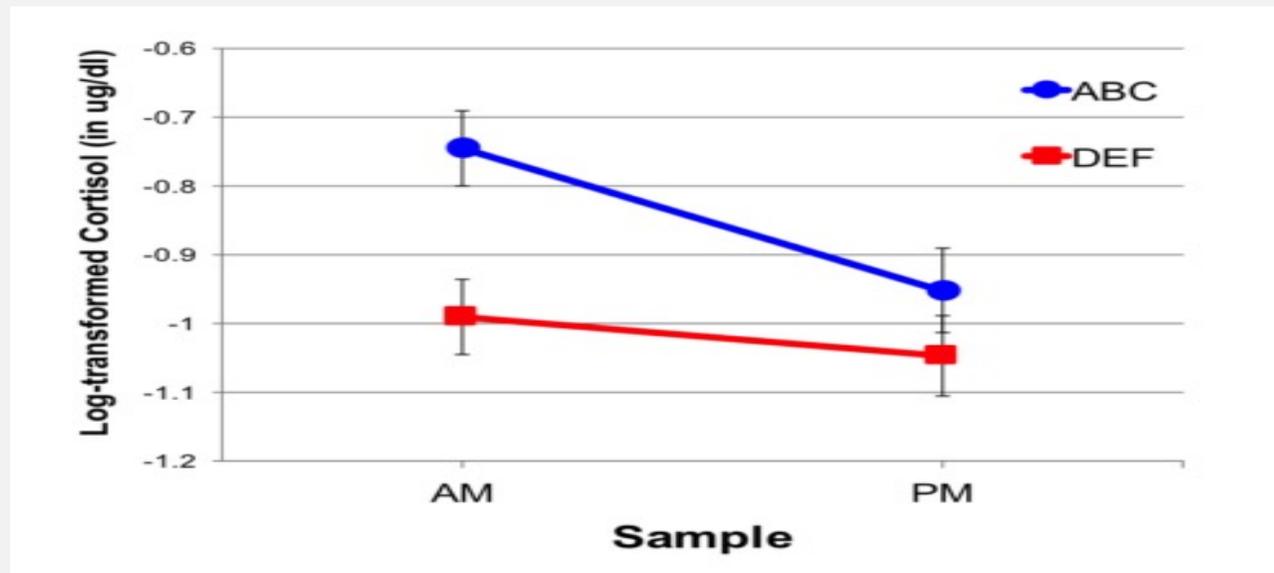
- PROVIDING NURTURANCE WHEN CHILD IS DISTRESSED
- FOLLOW THE CHILD'S LEAD (CALMING)
- AVOID PARENTAL HARSH OR FRIGHTENING BEHAVIORS. (HELP PARENTS IDENTIFY THEIR "SHARK MUSIC")

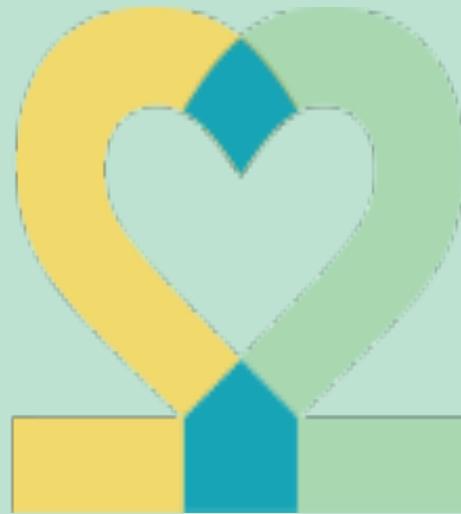
- SESSIONS 1 & 2: Reinterpret child's behavioral signals; provide nurturing even when it is not elicited
- SESSIONS 3 & 4: Help caregivers learn to follow the child's lead
- SESSIONS 5 & 6: Help caregivers recognize their own overwhelming or frightening behaviors and develop alternate responses
- SESSIONS 7 & 8: Help caregivers overcome automatic responses to their children that are based on their past experience that could interfere with providing nurturing, sensitive care
- SESSIONS 9 & 10: Reinforce knowledge gained during previous sessions

ABC is Evidence-Based

In randomized controlled trials, when compared with a control parenting program:

- Children are more likely to be securely attached to their caregivers
- On average, children develop more normative stress hormone patterns (see below)
- Children develop better impulse control
- Children are less likely to show anger during a challenging task
- Children have an easier time switching between complex tasks (executive functioning)
- Children have more advanced receptive language abilities
- Parents respond to their young children with more sensitivity





POWER OF TWO



**Pathways to
Professional Development**
Building Foundations in Infant
and Early Childhood Mental Health



**NEW
YORK
STATE**

**Office of
Mental Health**



**NEW YORK
CENTER FOR CHILD
DEVELOPMENT**



ctac

POWERED BY NYU MCSILVER

Conclusions



New York has many evidence-based programs for families of young children

Some are community based programs that are available to anyone who is interested

Others have more targeted, or therapeutic goals

All are strength-based, and build protective factors for children and families



References



Buyse, V. & Wesley, P.W., (2006). *Evidence-Based Practice in the Early Childhood Field*. Washington DC: Zero to Three.

Center for the Study of Social Policy. Strengthening Families Through Early Care and Education: Protective Factors Literature Review: Early Care and Education Programs and the Prevention of Child Abuse and Neglect. Retrieved from www.cssp.org.

Center for the Study of Social Policy. Strengthening Families: Introduction to Strengthening Families: A Protective Factors Framework. (2018). Retrieved from <https://ccsp.org>

Dozier, M. & Bernard, K., (2017). Attachment and Biobehavioral Catch-up: Addressing the Needs of Infants and Toddlers Exposed to Inadequate or Problematic Caregiving. *Current Opinion in Psychology*, Vol. 15, 111-117.

Dozier M. (2002). Attachment and Biobehavioral Catch-Up. In *Zero to Three*, April/May, pgs. 7-13.

Early Head Start Benefits Children and Families (April 2006). Retrieved from <https://headstart.gov/programs/article/early-head-start>.

Harper Browne, C. (2014, September). The Strengthening Families Approach and Protective Factors Framework: Branching out and reaching deeper. Washington, DC: Center for the Study of Social Policy.

Healthy Families America (HFA): Home Visiting Evidence of Effectiveness. Retrieved from www.homvee.acf.hhs.gov. 5/5/25.

References



Hembree-Kigin, T.L. & Bodiford McNeil, C. (1995). *Parent-Child Interaction Therapy*. New York: Plenum Press

Lieberman, A.F., & Van Horn, P., (2011). *Psychotherapy with Infants and Young Children*, New York: Guilford Press.

Lieberman, A.F., Diaz, M.A., Castro, G. & Oliver Bucio, G. (2020). *Make Room for Baby*, New York: Guilford Press.

McCombs-Thornton, K., Wang, V., & Sturmfels, N.(2023). Parents as Teachers family outcomes: New Insights from the Mother and Infant Home Visiting Program Evaluation (MIHOPE). Parents as Teachers National Center. <https://parentsasteachers.org/wp-content/uploads/2024/10/PAT-Family-Outcomes-MIHOPE.pdf>

Minkovitz, C., Strobino, D.,& Hughart, N. (2001). Early Effects of the Healthy Steps for Young Children Program. *JAMA Pediatrics*, Vol 155, No. 4.

Nurse Family Partnership (NFP) International: Retrieved from nfpinternational.org, 5/5/25.

Olds, D. L. (2006). The nurse–family partnership: An evidence-based preventive intervention. *Infant Mental Health Journal*, 27(1), 5– 25.

Olds, D. L., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D., Henderson, C., Hanks, C., Bondy, J., Holmberg, J. (2004). Effects of nurse home visiting on maternal life-course and child development: Age-six follow-up of a randomized trial. *Pediatrics*, 114, 1550-9.





Powell, B., Cooper, G., Hoffman, K., Marvin, B. (2016). *The Circle of Security Intervention: Enhancing Attachment in Early Parent-Child Relationships*. New York: Guilford Press.

Sanders, M.R., (1999). Triple P – Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child Family Psychology Review*, Vol 2, 71-90.

Webster Stratton, C. (1992, republished in 2005). *The Incredible Years*. Toronto: Umbrella Press.

Webster-Stratton, C. (2005). The Incredible Years: A Training Series for the Prevention and Treatment of Conduct Problems in Young Children. In E. D. Hibbs & P. S. Jensen (Eds.), *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice* (2nd ed., pp. 507–555). American Psychological Association.

Zuckerman, B., Parker, S., Kaplan-Sanoff, M., Augustyn, M., & Barth, M. (2004). Healthy Steps: A Case Study of Innovation in Pediatric Practice. *Pediatrics*, Vol. 114, Issue3.



Questions?



**Pathways to
Professional Development**
Building Foundations in Infant
and Early Childhood Mental Health



**NEW
YORK
STATE**

**Office of
Mental Health**

**NEW YORK
CENTER FOR CHILD
DEVELOPMENT**



POWERED BY NYU McSILVER