Pathways to Professional Development

Building Foundations in Infant and Early Childhood Mental Health

The Helping Relationship in Infant and Early Childhood Practice

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

Pathways to Professional Development was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- 21 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.

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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 Early Childhood Mental Health 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/

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Module 6 - Webinar 1: Overview
The Helping Relationship in Infant and Early Childhood Practice

This webinar will examine five categories of helping in our work with infants, toddlers, young children and their families: Building an alliance, Concrete Services, Developmental/Parental Guidance, Supportive Counseling and Infant/child- Parent Psychotherapy. The province of promotion, prevention and intervention in the field of infant and early childhood mental health is the work of all disciplines – not just mental health professionals, and this presentation will distinguish "being therapeutic" (all who form relationships with families) from being a therapist (specialized professionals).

Central to this work is the need for the infant and early childhood specialist to engage in "reflective practices," a process of becoming aware of and examining the thoughts and feelings that are activated within us as part of our work. Participants will understand the concept of "parallel process" and how our subjective feelings often have a profound but often unexamined effect on our relationships and effectiveness. The importance of "self-care" will be seen as a requirement of this work.

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Learning Objectives

- Identify and describe five categories of intervention in the field of infant and early childhood mental health.
- Explain how promotion, prevention and intervention is the province of all staff who collaborate with infants, toddlers and families, and understand the distinction between “being therapeutic” and being a therapist.
- Be able to describe three core elements of reflective practices, the concept of “parallel process” and the promotion of “reflective functioning.”
- Describe two practices that can be employed to help the professional engage in self-care.

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Our Plan

- Consider the ***ways of helping*** in which all staff who form relationships with infants, toddlers, young children and their families, play a role in **promoting** mental health, **preventing** problems in these areas and are part of **interventions** when problems are identified.

- Recognize the need to cultivate self-awareness and **reflective practices** in all interventionists.

- Honor the importance of **self-care** as an essential requirement for all helpers.

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A Posture to Embrace

- Your interactions with infants, toddlers and families **has an impact** on their mental health.
- The goal of an *informed IECMH professional* is to become more aware of this impact and to be intentional in your knowledge, actions and relationships, in promotion, prevention and intervention.

Ways to Help

Michael Trout and Gil Foley

- We must sit at the feet of families and wonder what it is like for them.

- We must first be *students* of families before we become their *teachers*!

Some material drawn from:

Infant Mental Health Services: Supporting Competencies/Reducing Risks

By

Deborah Weatherston and Betty Tableman

Michigan Association for Infant Mental Health 2002

Ways of Helping Infants, Children and Families

- Building an Alliance
- Concrete Services/Systems' Advocacy
- Developmental/Parental Guidance
- Supportive Counseling

AND

- Infant-Parent (Dyadic) Psychotherapy – specialized mental health interventions

Building an Alliance

- The process of engaging a family through consistent, reliable, predictable, genuine and empathic care. This may involve home visits, telephone contact, reflective listening, nonjudgmental acceptance, emotional support and other services.

This can involve…

- Regular visits and continuity-stability of the relationship
- Telephone support in crises
- Listening without interruption
- Sharing parent's pride and pleasure in the infant
- Nurtures the parent
- Positive emotional and responsive emotional support
- Non-judgmental and accepting of parents' feelings
- Uses verbal and nonverbal communication to affirm parent
- Comments positively about parent's interactions with infant
- identifies material needs

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Concrete Services/System's Advocacy

- Services that address the concrete needs of families (e.g. food, care, shelter, clothing, health care, transportation) and working with collateral agencies (e.g. CPS, Housing, Schools, Clinics, etc.), providing education about the needs of infants and families and advocating that they be adequately addressed.

This can involve

- Material needs and facilitating access to community service agencies for:
  - Food
  - Furniture/clothing
  - Housing/energy
  - Health care for infant
  - Health care for parent
  - Financial support
- Provides/identifies provider for transportation to services
- Discuss safety issues
- Educating and speaking on behalf of the child and family to other “systems” such as EIP, schools, courts, housing, welfare, etc.
- Working with, and at times helping to develop a “community” of partners
- Engaging parent in self-advocacy

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Developmental/Parental Guidance

- Providing information in a "non-didactic" way about the developmental changes, needs and behavior of infants, sharing information and strategies. This may involve use of anticipatory guidance, observation and reflection, modeling, speaking "on behalf of the baby", and providing materials and toys.

This can involve

- Providing information about growth and development
- Using “anticipatory guidance” (like Brazelton “Touchpoints”)
- Sharing strategies and practices to enhance the infant –parent relationship and development
- Encouraging affective, vocal and verbal attunement

- Employing “parental guidance” such as:
  - Encourage observation of infant and “wondering” (“through the eyes of the child”)
  - Speaking on “behalf of the infant”
  - Modeling and offering guidance of appropriate interaction
  - Providing developmentally appropriate toys. Books, materials

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Supportive Counseling

- Observe and empathically share what occurs with the family; identifying and supporting feelings, provide support and encouragement, model problem-solving strategies, provide honest and empathic impressions, link to collateral support services.

This can involve

- Listening and “feeling with” the family
- Identifying and affirming feelings and thoughts
- Helping establish limits and boundaries
- Helping parents understand reciprocity in relationships
- Understand the need for social and family supports
- Support conflict resolution with significant family members
- Identifying religious, community, family connections
- Modeling problem solving skills, and anticipatory “role playing”
- Support families in self advocacy
- Support parental adequacy

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- Building an Alliance
- Concrete Services/Systems' Advocacy
- Developmental/Parental Guidance
- Supportive Counseling

These ways of helping can be done by <u>ALL</u> who form relationships with families!!!

This is the work of Trained and Licensed Clinicians

Infant-Parent (Dyadic) Psychotherapy

- A specialized intervention that has as its primary purpose assisting the parent to develop insight and a deeper understanding of their experiences and emotions, and their past experiences that may be interfering with the formation of a healthy infant-parent relationship. In this strategy the "relationship" is viewed as the "client", and the psychotherapist must understand fundamental notions of psychological development including unconscious motivation, transference, defenses, and coping strategies.
  - ***NOTE: Child-Parent Psychotherapy (CPP) is an upward extension of this model.***

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You do not need to be a "therapist" to "be therapeutic !"

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“Being therapeutic” means.....

- Being with a child who is emotionally and behaviorally dysregulated (“misbehaving”) and “feeling with them” and lending your “calm” (co-regulating.)
- Asking a child how you can help and sometimes sitting quietly or helping them “tell their story” in words, pictures and play.
- Allowing ALL feelings – sadness, anger, fear, and worries about how their life.

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“Being therapeutic” means.....

- Following their lead, not asking too many questions and if they allow it, holding their hand or giving them a hug.
- Lending your “calm and care” to help them feel safe and calm.
- If they are sad or have suffered some loss, allowing grieving in “spurts” – meaning that they can have periods of being happy and having fun!

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“Being therapeutic” means.....

- Showing an interest in and speaking with them about their stories and memories of their loved one.
- Using play, books, and words, and sitting with them, to “immerse” yourself in their life.
- Being there even when there are no words you have.

Michael Trout
Our “Ace in the hole” is that we are “odd” in that

- *We don’t “dish it back” when a family treats us in a hurtful way, or fails to keep their word,*
- *We challenge their models of relationships by our consistent, respectful, thoughtful and responsive posture,*
- *We engage in “respectful pursuit” and offer “proper good-byes”*

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Related ways of Helping

- Watch, Wait, Wonder – Reflective observation as intervention
- Speaking on behalf on the infant
- Speaking on behalf of the caregiver
- Reflective listening

- Ask the caregiver for guidance and ideas (positively “triangulate interaction with baby”)
- Promote reflection and hypothesizing in the caregiver
- Comment supportively
- Ask open ended questions

Using Reflective Strategies with Parents

- Look
- Listen
- Learn

Look

- Look at the situation-What do you see in body language/tone of voice?
- What do you see that gives you clues to the situation?
- What do you know about this family?

Listen

- Listen to the parent tell you about what is going on.
- What is their view/take on the situation?
- What are the unspoken messages?

Learn

- Develop your “hypothesis”, but “don’t fall in love with it”
- What’s your “best educated guess” of what’s going on?
- Consider the family, their needs, strengths and goals.

Look, Listen, Learn

- Not a one-step process, ongoing process of conversations.
- Each time you interact-get more information.
- "Give and Take" of information.

A Moment of Meeting!

Joining a Caregiver in seeing and responding to their infant/child!

Being a "Cheerleader"!

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Toddler's Priceless Reaction to Her First Summer Rain with Daddy!

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Three Important Notions in Being Therapeutic

- Parallel Process
- Use of "Self"
- Wounded Healer

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Parallel Process

- This refers to the experience of recognizing similarities (parallels) in the relationships between you and a child, and other relationships in your life.

You might discover that stress in your own life – such as a difficult relationship with your supervisor, your partner or your child - may cause you to be impatient, angry or upset with a child.

The is an *impact of relationships on relationships*. This is sometimes called the "pass-it-on" or "ripple effect".

Reflective Practices can help us become aware of this process and prevent us from "passing it on" to others – even a child.

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"Use of Self"

- We are each unique, with different histories, personalities, beliefs, ideas, and habits.
- This means we do not react or respond to a child, in our case a grieving child in the same way. This is especially the case when we have experienced a profound loss in our lives.
- "Use of Self" means that we have an obligation to pay attention to ourselves – "Get in cahoots with yourself" – to identify those feelings that can get activated when we are with a grieving child, and to "use" that awareness to better understand how a child might be feeling.

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"Use of Self"

- There are times a child can "induce" in us the feeling they are having – so for example, if you find yourself sad when you are with a child, that child may be unconsciously finding a way to convey to you how it "feels to be them"! In this case, your feeling of anger, may not be YOUR ANGER but you are sensing the child's anger.
- This is sometimes referred to as "projective identification" – meaning the child can "project" onto you, the way they are feeling.
- "Use of Self" means that you cultivate an awareness of the possibility that you are feeling what the child is. So, in the case above, you feel angry, in large part because you become aware that the child is angry.
- Your feeling is a way of understanding the child through "use of self".

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The “Wounded Healer”

- We each have our own “story” that may be filled with loss, injury, pain.
- This “story” can be re-awakened by our work with an infant, child and family.
- This can be a source of our greatest pain and difficulties, or a source of our greatest understanding and empathy.
- The challenge is to keep the “other” at center-stage, and not ourselves.
- We must “Get in Cahoots with ourselves!”

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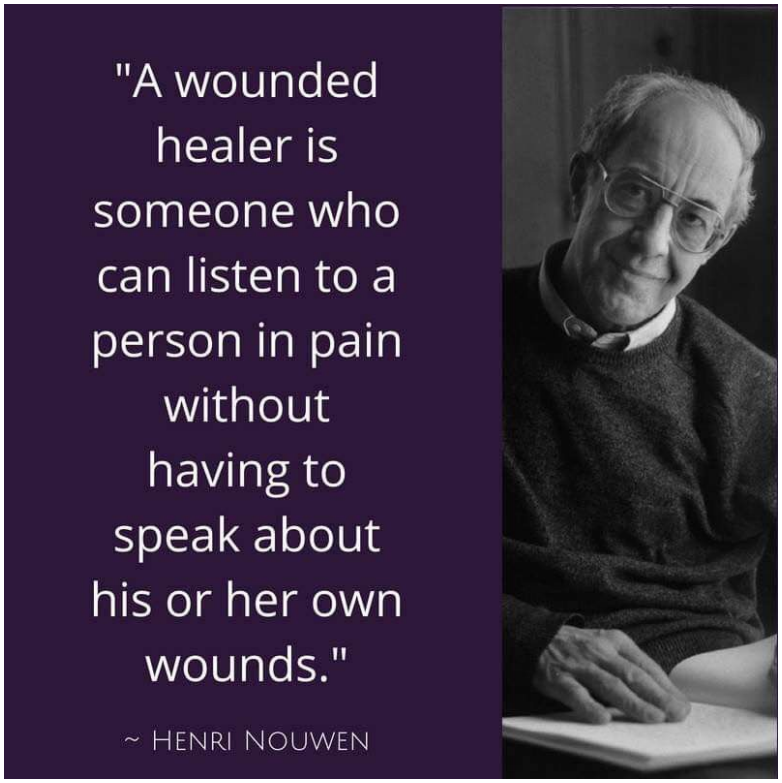
The “Wounded Healer”



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The “Wounded Healer”

- Sometimes our own pain can get activated, but we help ourselves, and then help others
- No amount of intervention will make things all better for children without significant day-to-day support being put in place.

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"The world breaks everyone and afterward many are strong at the broken places."

— Ernest Hemingway, A Farewell to Arms

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What is Reflective Practice and Why Do We Need it?

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Purpose of Reflective Supervision/Consultation

- Relationship-based work can bring about compassion fatigue
- Our work can often feel isolating
- We interact with the full spectrum of humanity
- We have understandable subjective experiences and feelings about our work

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Relationship-base Work and Our Subjective Experiences

Our subjective experiences and feelings about the infants, children and families we work with, has a profound, but often unexamined impact on our work.

Reflective Practices

help us address the internal forces at work within each of us!

Reflection

Reflection- stepping back from the immediate experience to sort through thoughts and feelings about what one is observing and doing with children and families.

From Reflective Supervision, Zero to Three, 1995

Paying Attention to Our Feelings

- Awareness of our emotional state going in to a situation with the child/family
- Awareness of sensitive issues and experiences from our own life/background
- Awareness of any changes in our emotional experiences while with child/family
- Using our feelings in ways and situations that will benefit the child/family

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Purpose of Reflective Supervision/Consultation

- We have histories and experiences that get 'stirred up' in us when working with others
- We may personally share an experience of a family with whom we are working
- We may need help to be able to separate our own experiences from that we witness
- We may need help ***"in the moment"*** - to pay attention to our state and feelings when working with others

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The Practice of Reflective Supervision/Consultation

Reflective supervision/consultation is characterized by three building blocks:

1. Reflection
2. Collaboration
3. Regularity

(Fenichel, 1992)

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The Practice of Reflective Supervision/Consultation

REACTIVITY

- Immediate
- No planning
- Putting out fires

REFLECTIVITY

- Slower paced
- Self and others aware
- Preventing fires

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Those we help will react to us not only on the basis of how we are towards them, but on the *basis of other relationships and experiences* in their lives. We can be powerful *transference objects* for them.

Those who work with children and families also have their own emotional histories that influence how they work with families - especially those families where infants are not adequately cared for or are hurt. Those who work with infants and parents are not immune from the same psychological forces that influence the children and families they serve.

Areas of Influence in the Helping Relationship

- Engagement
- Process/Interpretative Work
- Intervention Strategies
- Termination/Transition

David Peters, Ph.D.

"We need supervision to save our patients from ourselves!"

Gerard Costa, 2025

David Peters, Ph.D.

"When you over-identify with your patient, there are two patients and no doctor."

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Optimal Distance

To establish helping relationships where we can be

- empathic and sensitive, and
- neither too close nor too distant in our relationship with families.

Importance of Self-Care

How can we tell that we need self-care?

- Compassion Fatigue:
  - A state of tension and preoccupation with individual or cumulative trauma of clients or others (Figley, 2002).
- Vicarious Traumatization:
  - The transformation or change in a helper's inner experience as a result of responsibility for an empathic engagement with traumatized clients and others (Saakvitne, Gamble, Pearlman, and Lev, 2001).

What is self-care?

- Strategies to renew the self of the helper- To be able to be available and give to others
- Personal health maintenance
- Care of oneself through awareness, balance and connection
- Nurturing the self without guilt or shame
- Some self-care is crucial at this time

What self-care is NOT!

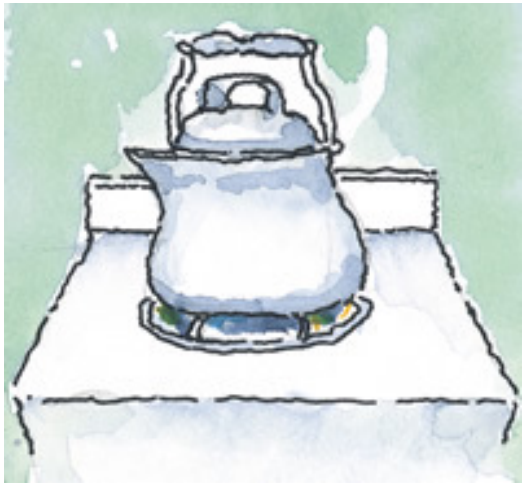
- Selfish
- Another ‘to-do’
- Something to be thought of every once in a while
- Something to use only in a crisis

Self-Care May Feel Like Another Pressure

- Recognize it is very difficult to find time to unwind and it's hard to relax
- Try to do some activities you enjoy.
- Connect with others. Talk with people you trust about your concerns
- Do not hesitate to ask for help – there is help available despite all the disruption

Strategies for Self Care

- Stress Management
- Peer/Social Support
- Reflective Practice
- Practice Mindfulness
- Deep Breathing



4-7-8 Breathing Technique

To use the 4-7-8 technique, focus on the following breathing pattern:

- empty the lungs of air.
- breathe in quietly through the nose for 4 seconds.
- hold the breath for a count of 7 seconds.
- exhale forcefully through the mouth, pursing the lips and making a “whoosh” sound, for 8 seconds.
- repeat the cycle up to 4 times.

Source: https://www.medicalnewstoday.com/articles/324417

4 Maxims for Caregivers

- Giving to others gives us a sense of satisfaction, but we must be sure to give to ourselves as well.
- When we take care of ourselves, we are better caregivers to others.
- It is our responsibility to those we care for to take time to rejuvenate ourselves.
- Setting healthy, realistic limits for ourselves and others allows us to support others

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