



Pathways to Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Guiding Principles in Infant and Early Childhood Mental Health

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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 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.



Office of
Mental Health



Pathways to Professional Development Webinar Series



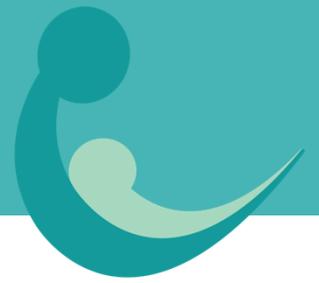
- **Module I:** Developmental and Psychodynamic Foundations of Infant and Early Childhood Mental Health – 6 Webinars
- **Module II:** Assessment, Diagnosis, Formulation and Professional Development – 4 Webinars
- **Module III:** Risk, Stress, Protection and Resilience – 2 Webinars
- **Module IV:** Through the Lens of Family, Community and Culture – 2 Webinars
- **Module V:** Specific Disorders: A Closer Look: 4 Webinars
- **Module VI:** Helping in Infant and Early Childhood Mental Health – 3 Webinars



Office of
Mental Health



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 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/>

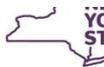


Module 1- Webinar 1. - Overview

Guiding Principles in Infant and Early Child Mental Health



- Infant and Early Childhood Mental Health (0-6 years old) is an interdisciplinary field concerned with the optimal physical, social, emotional and cognitive development of the human infant within the context of family.
- This presentation describes the dynamic and vulnerable processes of social and emotional development from pregnancy through age two, and that continue as representational thought and language emerge from ages 3-6 years old.
- This foundational webinar establishes the concepts and science that underlie the interpersonal nature of development and that guide ways of providing support and services to infants, young children and their families.

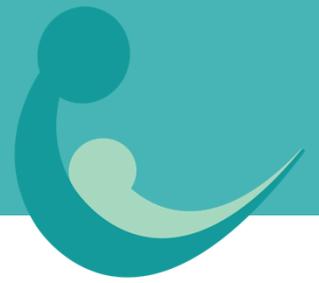


Learning Objectives



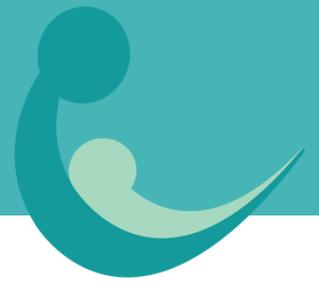
- Define “Infant and Early Childhood Mental Health” as an interdisciplinary field of study and as an unfolding set of developmental capacities.
- Describe guiding principles of Infant Mental Health (0-3 years old) and the corollary principles of early childhood mental health (4-6 years old)
- Explain the interpersonal nature of brain development

Today's Starting Points....



- In the beginning.....
- “What about the baby?” (Fraiberg)
- Parenting with the “brain” in mind! (Siegel)
- Early Experience Matters! (ZTT)
- “Lived Moments” (Stern)
- The “full range” of human drama! (Greenspan)

Imagine.....



- A 6-week-old baby awakening.....
- 365 “wonderful” caregivers a year.....

The Relational and Contextual Life of the Infant



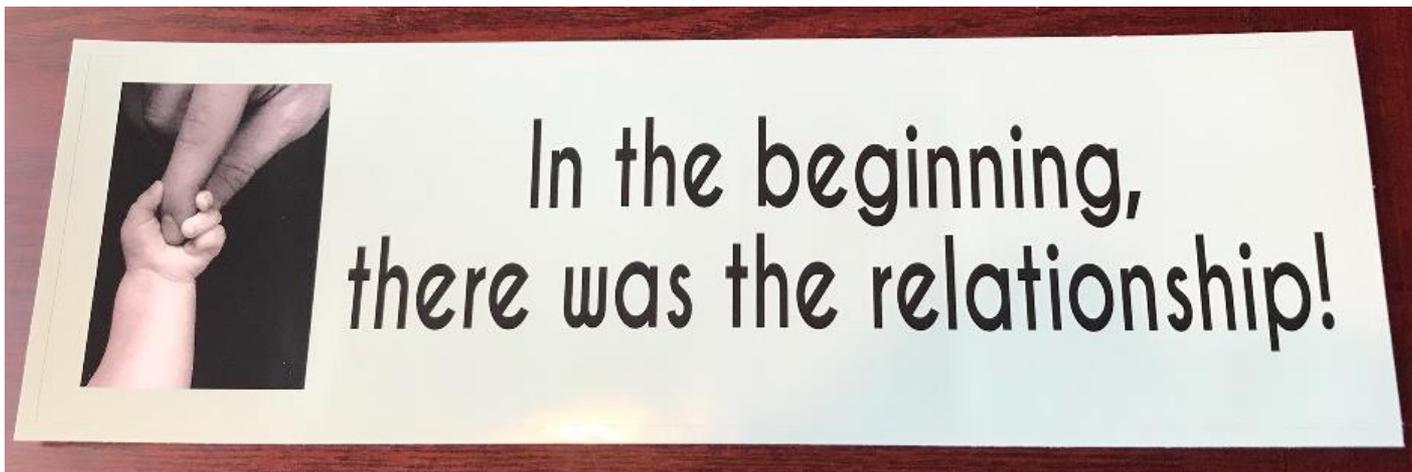
- The remarkable capacities of the infant and young child.
- The sensory and environmental context of early preverbal experiences.
- The nurturing, shared affective and regulatory experiences of the infant.
- Interpersonal notions of “being with” the caregiver
- Attunement



- So, let's think about

Parenting

My bumper sticker!



Or as we would now want to say:
“The operations of *interpersonal neurobiology!*”

Becoming a Parent



Rebecca Shahmoon Shanok, Ph.D.:

“Becoming a parent is something which by definition, changes an individual through relations with others, especially family members”

Parenting is a *Relationship* not a Skill

Judith Musick:

“Parenting is not a job; nor is it a skill that can be learned in much the same way one learns to cook, or use a computer, or drive a car. It is a relationship, one that cannot simply be taught or retaught if it has not been ‘learned’ well initially”

Zero to Three, December 1990, XI, 2, p.3

Rebecca Shahmoon Shanok



Parenthood, as is the case for adult development, is less driven by biological or maturational processes, with *identity* and *intimacy* serving to organize development.

Three Major Influences on Parenting of Infants and Children



- The nature of the parent's own childhood.
- Their ability to **recall** good and bad events and **feel** the feelings again.
- Their ability to separate parental needs, problems, feelings and thoughts from those of the infants and children.

Pause and Ponder



- Can an infant, child or parent “activate” feelings and reactions within us?
- If so, where do these “come from”?
 - Our own lives?
 - Our work with others?
 - The stress we experience?
- Can the cause, meaning and intention behind the viewed behavior occur for reasons other than we think?
- Can we be helped by becoming more self-aware and “Reflective”?
- Can we support “Reflective Parenting”?

Infant Mental Health

A field of study



Infant Mental Health is an interdisciplinary field concerned with the optimal physical, social, emotional and cognitive development of the human infant within the context of his family and relationships. The infant is principally viewed within a primary relationship - usually but not always his mother - and this pair or *dyad* is the principal focus of infant mental health.

Infant Mental Health

The emotional capacities



The capacity that infants and children develop to:

- Self regulate
- Experience the full range of human emotions
- Engage in loving, reciprocal relationships
- Represent the world in thought and language
- Engage in shared emotional thinking and relatedness
- Become intimate and care for others interdependently
- Engage in productive activities and social service

Guiding Principles in Infant Mental Health



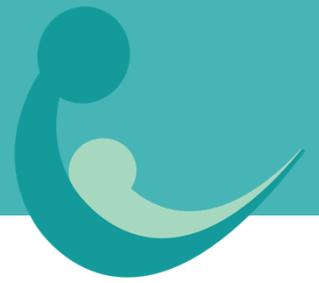
1. Infants and children arrive in the world ready for, and designed to form, relationships – with ***Attachment Promoting Behaviors*** (APBs).
2. The period of life from birth to three years is a critical period of development for the formation of what we call “character” or “personality”, and for brain development
3. Pregnancy and childbirth are powerful conscious and unconscious reminders in the parent of childhood issues, which can help or hinder the parent in responding to, caring for, and loving the infant. The infant can serve as a powerful ***transference object*** for the parent - meaning that thoughts, feelings and beliefs about other figures and events in the parental past can become associated and confused with the infant.

Guiding Principles in Infant Mental Health



4. We who work with infants and their parents also have our own emotional histories that influence how we work with families - especially those families where infants are not adequately cared for or are hurt.
5. The nature of the infant-parent relationship can be best understood within the setting of the family home.
6. The infant-parent relationship emerges within a unique set of cultural and economic factors, which provide an historical and practical context to the family and to the intervention.

Guiding Principle 1



Infants and children arrive in the world ready for, and designed to form, relationships – with ***Attachment Promoting Behaviors*** (APBs).

This readiness includes a remarkable array of ***competencies*** that help us know how *they* are doing but also how *we* are doing *with* them? These capacities can go awry when children undergo “sins” of omission and “sins” of commission.

NOTE



The psychodynamic origins of development and relationships in IECMH will be more closely examined in Module 1- Webinar 2.

So.....



Babies are remarkably competent at birth and constantly let us know how they are doing and how We are doing with them!

- Can babies see at birth?
- Can they “hear” at birth and even show ‘preferences’?
- How do babies “communicate”?

Guiding Principle 2



The period of life from birth to three years is a critical period of development for the formation of what we call “character” or “personality”, and for brain development

The greatest period of brain development - the brain “growth spurt” occurs from the last trimester of pregnancy through the first 18 months of life. During this period nutritional, physical, social and emotional satisfactions and failures will be “biologized”- actual changes occur in the physical/ chemical structures in the brain. During this period, both the “mind” and “brain” are being formed.

NOTE



The topic of Brain Development and IECMH will be more closely examined in Module 1- Webinar 3.

The Interpersonal Nature of Development



- Developmentally, our biological systems are organized by the nature of early affective relationships.
- Experience, mediated by relationships, “sculpts” the brain. **The brain is co-constructed.**

The Brain and Numbers to Know!



- By 5 months gestation, the fetus has 100 billion neurons – the amount of the adult cortex, and the number of stars in the Milky Way
- 20% of the neurons are interconnected related to genetics and intrauterine life.
- 80% of the connections are formed through the nature of experiences and interpersonal relationships.

The Brain and Numbers to Know!



- Each neuron can form up to 10,000 connections!
- Connections (synapses) can occur at the rate of 700/second in the first years of life.
- In the first years of life, connections are formed more easily than they are broken!





What the Neurosciences are Telling us About What Infants and Children Need.

From Jack Shonkoff, MD



- Relationships/experience shape both the architecture of *neural circuits* and the genes the neurons express
- Sensitive periods for circuits that process basic information end earlier than those that process more refined information.
- Higher circuits depend on lower circuits and adaptation at higher levels of function is more difficult if lower circuits are not wired properly

Highlights from “Neurons to Neighborhoods” and the Brain Sciences

- Early experiences affect brain development and lay the foundation for intelligence, emotional health and moral development.
- The lower brain areas are formed first and create the biological and emotional capacities for growth and development.
- Healthy early development requires nurturing and dependable relationships.
- How young children feel is as important as how they think - especially for school readiness.
- While birth-to-three is important, focus only on that period is too narrow. BUT failure to address 0-3 will result in developmental and social risks.

Lessons from the Brain Sciences and IECMH

- **Lesson**: Negative Effects of Instability and disruptions in attachments. (e.g. Allan Schore; Daniel Siegel)
- **Implication**: Infants and children must form secure relationships and when change is necessary, it must occur with planning, support and regular contact with familiar caregivers

What we now know about the brain in infants and young children?



- The right side of the brain (affect, rhythm, tonality) comes “online” before the left brain!
- The sub-cortex – particularly the amygdala – is “wired” and interconnected, early in development through the nature of the earliest relationships.

What we now know about the brain in infants and young children?



- Children in securely attached relationships have brains that are more efficiently organized!
- The baby's brain is more sensitive to affective, gestural and intonational cues (“musicality”) than the words themselves!

Lessons from the Brain Sciences and IECMH

- Affect organizes brain development and all developmental “lines”
- The role of the amygdala as a “social processor”
- Affect and gesture as communicative drivers- Mehrabian (1981)
 - 55%- facial expressions
 - 38% - vocal tone
 - 7% - words

Based on data we know.....



- We know what infants and children need to develop well and the science of early childhood should make it clear that promotion of early mental health is not just a **MORAL** imperative but an **ECONOMIC** imperative.
- The Perry Preschool Project Follow-up data at age 40 indicated a total benefit-cost ratio of 17:1 for participants (4:1) and public (13:1)

Jack Shonkoff, MD

Guiding Principle 3



Pregnancy and childbirth are powerful conscious and unconscious reminders in the parent of childhood issues, which can help or hinder the parent in responding to, caring for, and loving the infant. In every birth, the infant can serve as a powerful *transference object* for the parent - meaning that thoughts, feelings and beliefs about other figures and events in the parental past can become associated and confused with the infant.

Pregnancy, birth and the first two years of maternal care require the availability of psychological resources, emotional support and parent-infant psychotherapy. Parenting is a relationship not a skill, and the belief that parenting can be “taught” as we do other skills is not clearly supported.

Core Concept

Ghosts in the Nursery



The relationships and experiences activated in the parent can influence the nature of the infant-parent relationship. This occurs in ALL births. These past figures can be referred to as “Ghosts in the Nursery”. (Fraiberg, Adelson and Shapiro, 1980)

NOTE



The topic of Pregnancy and early parenting will be more closely examined in Module 1- Webinar 4.

Core Themes of the *Motherhood Constellation*



- Can she promote life and growth in her child? (Life)
- Can she emotionally engage the baby and ensure mental/emotional development? (Relatedness)
- Can she create the necessary support systems to meet these themes? (Support Matrix)
- Will she be able to transform her self-identity to meet these themes? (Identity Reorganization)

Guiding Principle 4



We who work with infants and their parents also have our own emotional histories that influence how we work with families - especially those families where infants are not adequately cared for or are hurt.

We are not immune from the same psychological forces that influence the dyads. Infant Mental Health requires that these feelings be attended to. **Delivery systems and child protective agencies must provide protected time for intensive and rigorous staff training and ongoing regular supervision.**

Guiding Principle 5



The nature of the infant-parent relationship can be best understood within the setting of the family home.

The context of family events- eating, sleeping, relating, nurturing - as well as the alternate ways parents communicate to us - through pictures, objects and toys, family stories and memories - are rooted in the family home.

Informal Methods of Assessment Alternate Means of Communication



*“You can observe a lot
by watching.”*

-Yogi Berra

Informal Methods of Assessment

Alternate Means of Communication



- Stories, offhand remarks
- Language of Interaction
 - Tactile-Kinesthetic
 - Visual Interactions
 - Vocal Interactions
- Baby games, stories
- Pictures, name-choosing

Guiding Principle 6



The infant-parent relationship emerges within a unique set of cultural and economic factors, which provide an historical and practical context to the family and to the intervention.

Infant care, expression of affect, use of health care and relationships with interventionists are profoundly influenced by the culture and economic resources of the family.

Corollary Principles of Child Mental Health



- If a child is preoccupied with his internal life, he/she is less available to invest the external world with interest and attention.
- Communication and language emerge from emotional relationships – especially the parent-child relationship. Early disruptions in relatedness often are manifested in delays in language, play and other symbolic expressions. All adults who form relationships with children help influence their development.

Corollary Principles of Child Mental Health



- When the child is able to express his thoughts, emotions, problems or conflicts in symbolic ways such as in play, gestures and language, less “acting out” occurs.
- As children progress through infancy, the preschool years, middle and later childhood, they require “different kinds” of parents and adults to interact with.

Corollary Principles of Child Mental Health



- Early disruptions in attachments, early instability, trauma and deprivation- often continue to manifest themselves as problems throughout life.
- When early relationships are unhealthy, all areas of development can be affected and show delays in ability and progress.

NOTE



The topic of a Cross Disciplinary perspective in Infant and Early Childhood Mental Health will be more closely examined in Module 1- Webinar 5.

Typical Development and Developmental Delays in IECMH and Socio-Emotional Development the 0-5 period, will be more closely examined in Module 1- Webinar 6.

A Parable



Pushing Kids in the River



And remember:







*“If we are to reach real peace in this world,
we shall have to begin with the children.”*

- Mahatma Gandhi

Resources



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