



# Pathways to Professional Development

Building Foundations in Infant  
and Early Childhood Mental Health

**Central Role of Attachment and Relationships in  
Development and Infant and Early Childhood Mental  
Health (IECMH)**

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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 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.



# 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



# 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 2 Overview

## Central Role of Attachment and Relationships in Development and Infant and Early Childhood Mental



- Relationships are essential for infants and young children to survive and thrive.
- This presentation will introduce you to attachment-what it is; why it is important; how it is formed and how it supports other areas of development.
- Relationships are also the foundation of Infant and Early Childhood Mental Health (IECMH) in both theory and practice.
- The key principles and best practices of relationship-based IECMH and psychodynamically-informed IECMH approaches will be identified, explained and shown how they can inform and deepen your practice.

# Learning Objectives



As an outcome of completing this learning module, participants will be able to:

1. Define the meaning of attachment
2. Characterize the four attachment categories
3. Identify 3 areas of development supported by attachment
4. Identify 7 core psychodynamic practice principles that inform IECMH
5. Describe the link between relationships and 3 IECMH practice principles



# Attachment: Foundational to Relationships

“A baby cannot exist alone, but is essentially part of a relationship”

-D.W. Winnicott, *The Child, Family and the Outside World*



# Attachment



- If you are in a **dangerous situation**, your chances of survival are vastly increased if you are with a competent, loyal and responsive companion than if you are alone.
- **Infancy is a dangerous situation given the protracted period of helplessness and dependency**

# What is Attachment?

Two sides of one coin

**Has survival meaning**



**An enduring emotional tie**



# Attachment Behaviors



Infants have inborn patterns of action & reaction:  
A preverbal signaling system aimed to bring a caregiver into **proximity** when  
in threat, danger, fear or distress:

- Cooing
- Crying
- Face gazing
- Social smiling
- Sucking
- Clinging
- Grasping

# Attachment Categories



- **Secure:** Confident, safe & assured
- **Anxious avoidant:** Too self-sufficient too soon
- **Anxious ambivalent:** Approach-avoidant
- **Disorganized:** Confused & unsystematic

# Secure Attachment



- **Relating**- Has learned that a few important adults are consistent sources of comfort and safety in times of distress or fear; has **“confident expectation”-trusts**- that adults will be there in times of need, threat, danger or distress; is able to be comforted by a few key caregivers
- **Emotions**- Has flexible array of both positive and negative emotions
- **Social skills**- Security predicts to positive social engagement-peers respond more readily and robustly to secure than insecure children

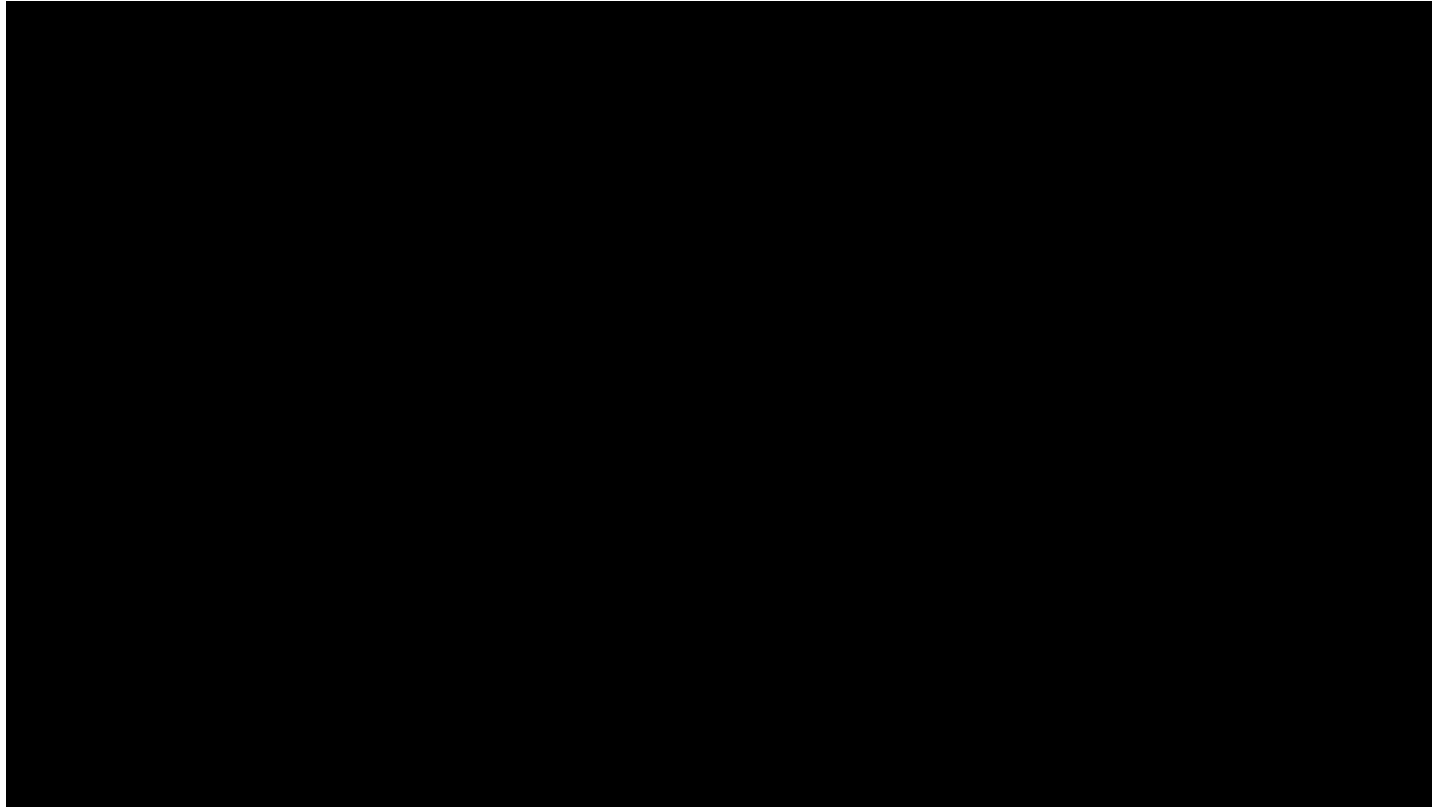
# Secure Attachment: A Powerful Protective Factor



“The picture of securely attached children that emerges from research is a very positive one. They appear curious, self-confident about managing cognitive tasks, persistent in the face of frustration and cooperative (Karen,2024, p-66).”



# What we will do for love.....!



<https://www.youtube.com/watch?v=F87RcxJPIbo>

# Emotionally Available Parenting



**Relate to your child in a way that they feel uniquely valued and understood**

**Parent in a sensitive, responsive, reliable, attuned and benevolent manner**

**Be bigger, stronger, wiser and kinder when limits are called-for**



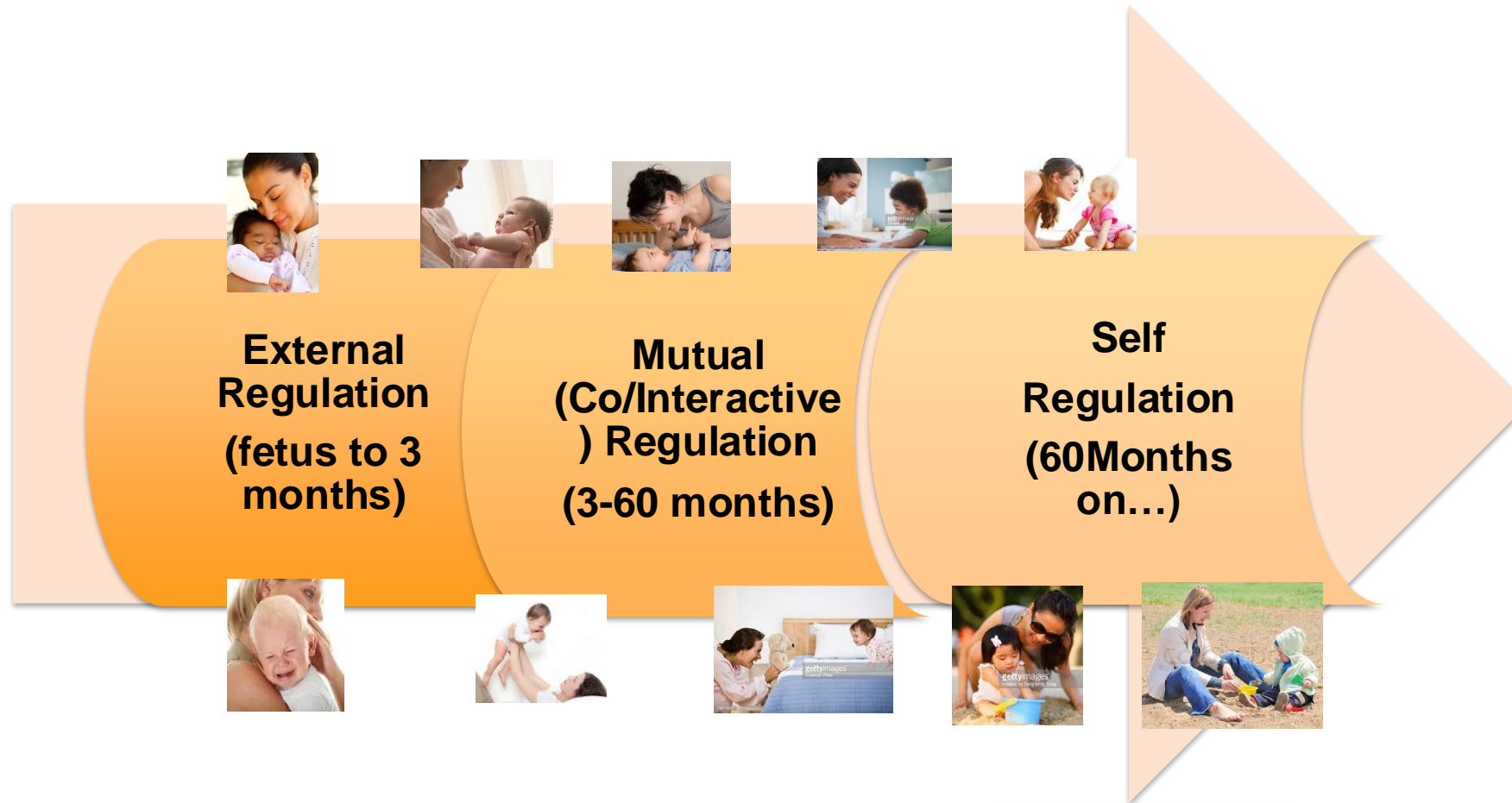
# Qualities of Caregiving



most apt to spawn a **secure** attachment:

- Sensitive
- Responsive
- Reliable
- Continuous
- Benevolent
- Attuned

# Regulation as a Developmental Process



# Why Attachment is Important: Developmental Implications Over the Life Span

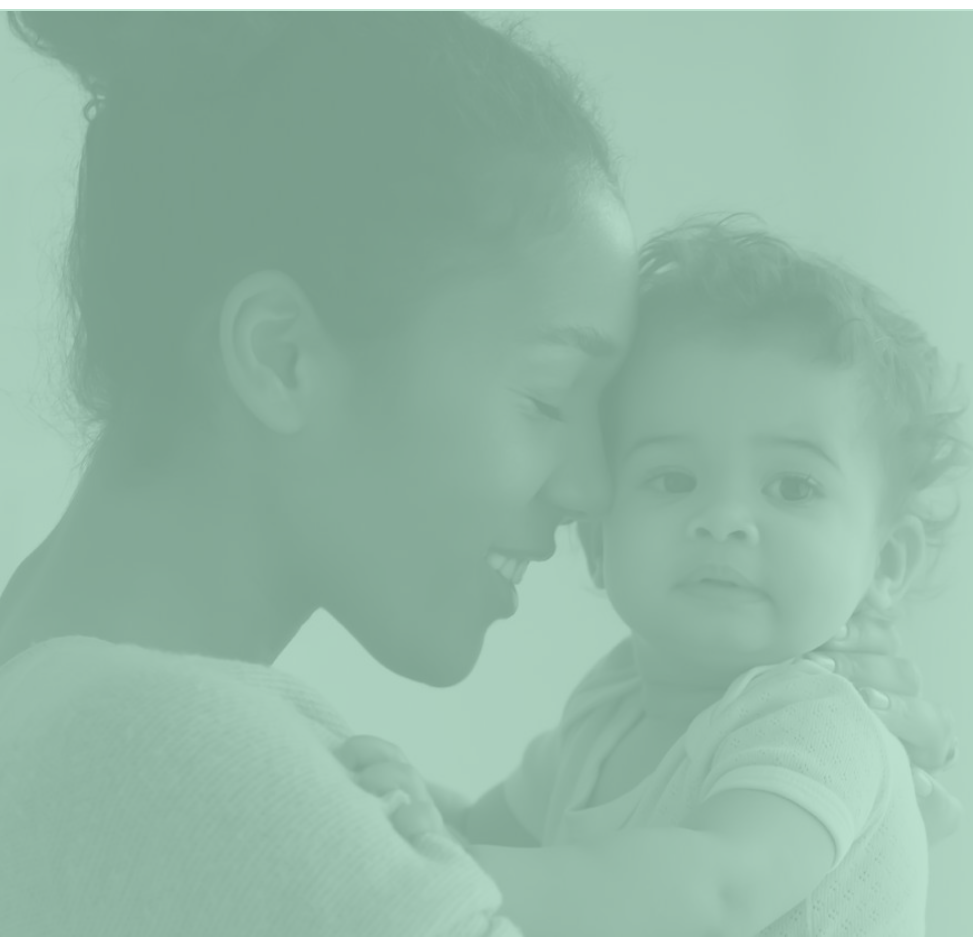


- Internal working model
- Secure base behavior
- We parent the way we were parented:
  - Research suggests about a 70% concordance between the attachment classification of the mother and the child by 1 year of age (Ward & Carlson, 1995)

# Attachment: Trauma, Stress and Deprivation



Patterns and classification of attachment can be altered, disrupted or blunted by Trauma, Stress and Deprivation!



# Attachment and Relationships: Foundational to Development and Self

# Internal Working Model

- The quality of early emotional ties to much loved caregivers shape a child's sense of trust and expectations for future relationships.
- This is foundational for optimal self-social-emotional development



# Developmental Concepts



More complex skills  
are synthesized out of  
the components of  
simpler skills



Emotional capacities and  
an ability to relate  
reciprocally exist from  
birth and are key in later  
emotional and relational  
health

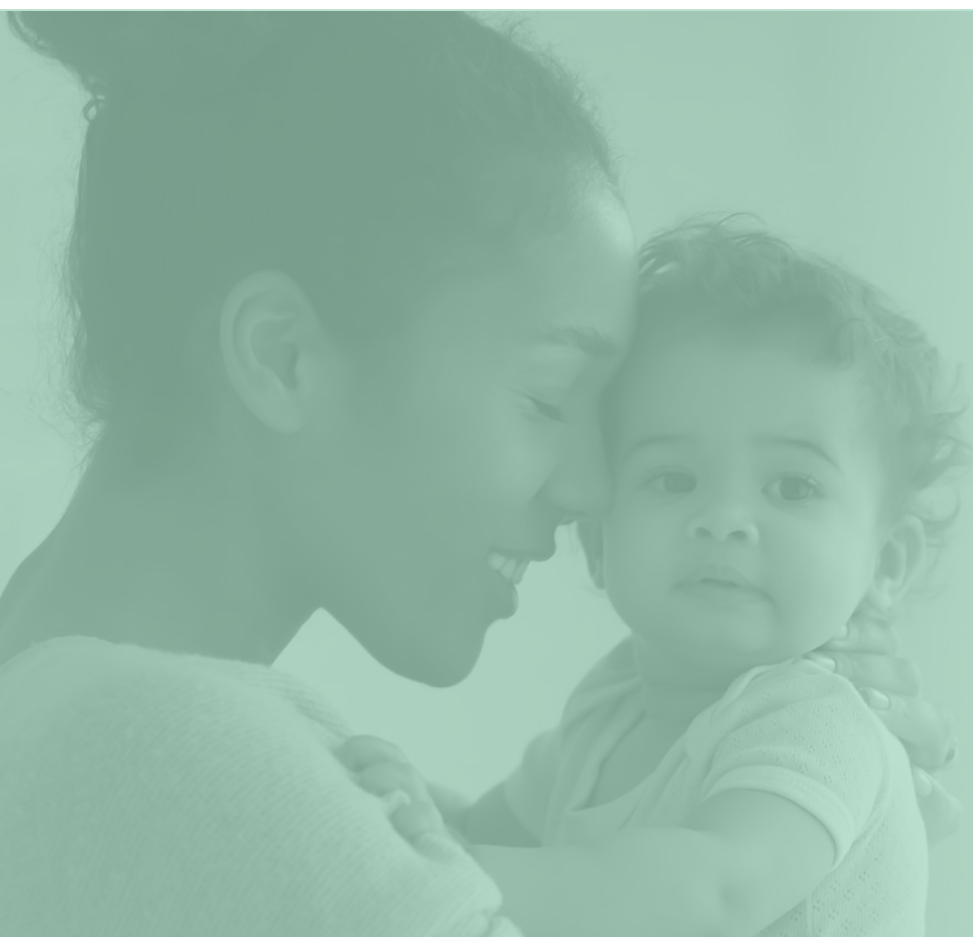
# “Nothing in Development Stands Alone”

## Social-Emotional Interdependencies among developmental lines: mutually strengthening Bi-Directional interactions



- **Early knowledge** is constructed out of sensorimotor experiences based on exploration, discovery and mastery from a **SECURE BASE**
- **Communication** is motivated toward those with whom we have an emotional investment “**in-relationship**”-**reaching out and “touching”** a much-loved caregiver by **communicating-over-distance** supports separation and autonomy
- **Locomotion** is motivated by falling-in-love with the world, exploration and **separation-reunion/emotionally refueling/secure base** behavior with a much-loved caregiver





# Relationships: Foundational to Infant and Early Childhood Mental Health (IECMH)

# Mental Health for Babies?!



# Infant and Early Childhood Mental Health (IECMH)

Infant and early childhood mental health (IECMH) is the developing capacity of the child from birth to 5 years old to:

1. form close and secure adult and peer relationships;
2. experience, manage, and express a full range of emotions; and
3. explore the environment and learn,
  - o all in the context of family, community, and culture.



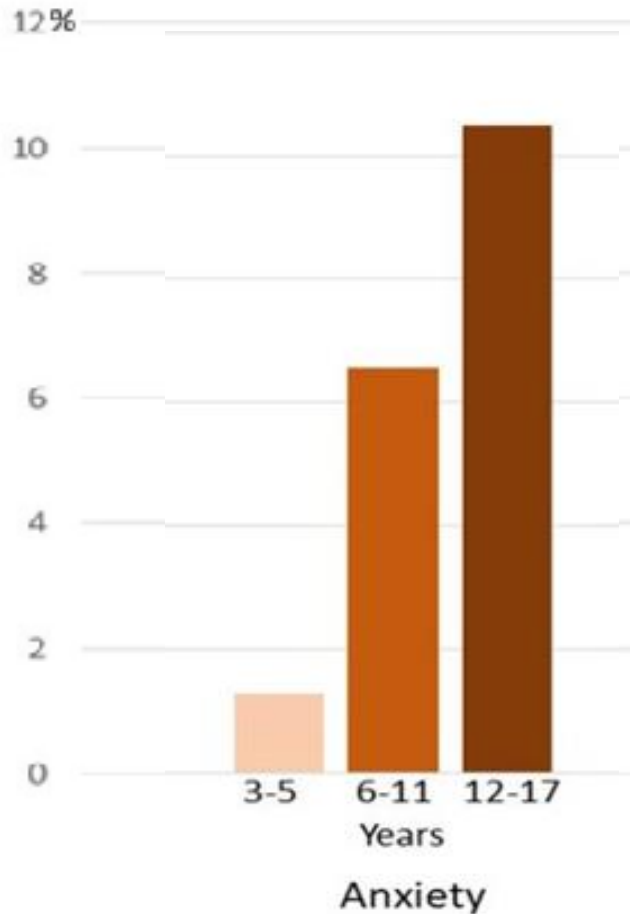


## Positive Mental Health Indicators

Parents of children ages 3-5 years report that their child mostly or always showed:

- affection (97.0%)
- resilience (87.9%)
- positivity (98.7%)
- curiosity (93.9%)

# Prevalence of IECMH Disorders



- 1 in 6 children aged 2-8 years (17%) has had a diagnosed mental, behavioral or developmental disorder
- Among children living below the poverty level, more than 1 in 5 (22%) had a diagnosed mental, behavioral or developmental disorder

# Psychodynamic Principles that Inform IECMH



1. A focus on affect and emotional expression
2. Exploration of strategies to avoid distressing thoughts and feelings
3. Identification of recurring themes and behavior patterns
4. A developmental focus (How the past impacts the present)
5. Focus on interpersonal relationships
6. Focus on the therapy relationship
7. Exploration of fantasy (wondering)
8. Acknowledgement of influences of forces outside awareness  
(Shedler, 2006)

# All of IECMH Practice is: Relationship-Based, Family- Focused and Culturally Sensitive, Attuned and Responsive

**Best practices in IECMH include: Dyadic/family  
and home-bound Intervention**

# Conceptual Framework



- In IECMH it is asserted that disordered parent-child relationships may be the cause of child symptoms and the relationship itself the unit of intervention





# Respect & Humility



## Embrace parenthood as a **developmental process**

Parenthood is characterized by new challenges, new developmental tasks, vulnerabilities and potential conflicts but is also an enormous developmental affordance for personal growth, learning new skills, experiencing new satisfaction and fulfillment and even repairing relational and developmental failures and losses from the parents' own past.

# Respect & Humility



Parents know their child best

# Respect & Humility



Make “no preconceived assumptions” about the family and monitor all judgements

# Respect & Humility



IECMH is Strength-based

Support strengths and find the **GOOD** in the parent-child relationship

# Culture Influences Development

Culture is mediated through the parenting relationship and influences infant/young child development.



# Relationship & Use of Self



Recognize that the way we relate to and treat the parent/child has the power to shape the way the parents relate to one another and treat their own child-**parallel process**.

**“Do unto others as you would have others do unto others”**

–Jeree Pawl

# Relationship & Use of Self



Watch, wonder and listen deeply

# Relationship & Use of Self



## IECMH is relationship-based in concept and practice

Don't just do something; stand there and pay attention!  
-Sally Provence

- A strong **working alliance** anchors and sustains the intervention relationship-positive regard, authenticity, openness
- **Emotionally available, attuned and preoccupied with the client** are powerfully therapeutic
- **Treat to the relationship** the zone of goodness-of-fit between parents and child
- **Concrete services and supplies go a long way!**



# Relationship & Use of Self



IECMH is affect-focused and intersubjective

- **“Feel with”** parents and child, as individuals, as a family, recognizing that parents may be grieving the loss of the hoped-for-child
- Tolerate ambivalence and remain regulated in the face of strong feelings

# Relationship & Use of Self



Support parents; respect their concerns and priorities and address them when possible; impart skills that strengthen parenting capacities and magnify reflective function and amplify parental feelings of efficacy and satisfaction

**Put into words and speak for baby**  
**We reward success so success becomes rewarding**

# Relationship & Use of Self



Find an **“optimal” professional distance**-neither so close as to distort our judgement or compromise the self-sufficiency of the family nor so distant and “coldly clinical” as to prevent our “feeling with” the family or providing empathic support and concrete services

# IECMH Practice Principles



IECMH has always been trauma informed;  
first by recognizing and treating past **projected** trauma (Ghosts in the Nursery)  
and now by addressing **experiential** trauma

- Acknowledging that forces out of awareness exist- identifying and decoding how the past of the parents, both the traumatic and the positive, can be projected and reenacted in the present relationship either to be addressed therapeutically or affirmed
  - **“Ghosts and Angels in the Nursery”**
  - **Attuned to attributions, off-hand remarks, what’s avoided**

# IECMH Practice Principles



## Reflective Practice through Reflective Supervision

**“How you are is as important as what you do” - Jeree Pawl**

- Being in-touch with your own feelings, recognizing how they impact you and the work, transforming impulse and reaction to mindful responsiveness and refining perceptive problem solving are aims of reflective supervision
  - **Self-observation through reflective supervision promotes self-monitoring and mindfulness**
- **By reflecting “on” the work we become better able to reflect “in” the work**

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