Pathways to
Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Typical and Atypical Development in Infants and Young Children: An Attachment/Relational and Brain Development Outlook

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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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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

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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 1- Webinar 6. - Overview

Typical and Atypical Development in Infants and Young Children: An Attachment/Relational and Brain Development Outlook

Indisputable evidence exists about the benefits of early identification of, and early intervention for developmental derailment and delays. The evidence is also clear that infant and early childhood social-emotional development is the foundation for development in all areas.

This presentation will provide IECMH professionals and those who work with the 0–6-year-old population with knowledge about the effects of stress and trauma on brain development. The importance of caregiving relationships in recovery will be emphasized. Milestones for typical emotional development from birth to age 6 years old will be detailed, as well as indicators of concern about derailments and delays.

A reminder from Webinar 1.1: 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.

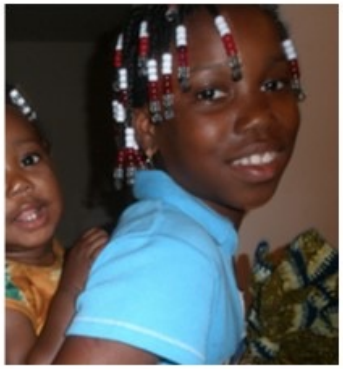
Infant care, expression of affect, use of health care and relationships with interventionists are profoundly influenced by the culture and economic resources of the family.

A reminder from DC:0-5

Culture Influences Development

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

A reminder from DC:0-5



Cultural Values and Practices

- Shape infant/young child from moment born
- Often unconscious
- Carry enormous influence on sense of right and wrong in raising an infant/young child

A reminder from DC:0-5

Red-Flag Emotional or Behavioral Patterns

Patterns that:

- are unusual for the infant/young child
- cause parents and others to see the infant/young child as "difficult"
- make satisfying interactions difficult
- are seen in multiple settings by more than one person
- persist
- cause distress or impairment to the infant/young child and family
- are outside of the wide range of age-appropriate or cultural norms

ZERO TO THREE LEARN DC:0-5

This means that:

- We must become deeply aware of our own cultural history and beliefs, and how we develop our understanding of child development – understanding that cultures differ regarding what is regarded as “typical” development – especially in social, emotional and behavioral expectations and relationships.
- We must reflect on and consider the social and cultural context of our institutions and the families and professionals with whom we are working.
- We must recognize that our social and cultural upbringing creates “lens” through which we experience the world and make meaning – and that these are often below our level of awareness – and are often different than those with whom we work and teach.

Lesson: We must embrace an ongoing commitment to promoting fairness, equity and justice and to honor diversity and inclusion.

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In this training participants will:

Learn about	Gain	Learn
- The socio-emotional needs of infants and young children. -The earliest experiences and brain development. - Consider the effects of trauma and stress	Knowledge about Indicators of concern in socio-emotional development, for 0-6.	Criteria that indicate the need for professional referral

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Infant and Early Childhood Mental Health

The capacity that infants and children develop to:

- Self-regulate
- Engage and form a secure attachment relationship.
- 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

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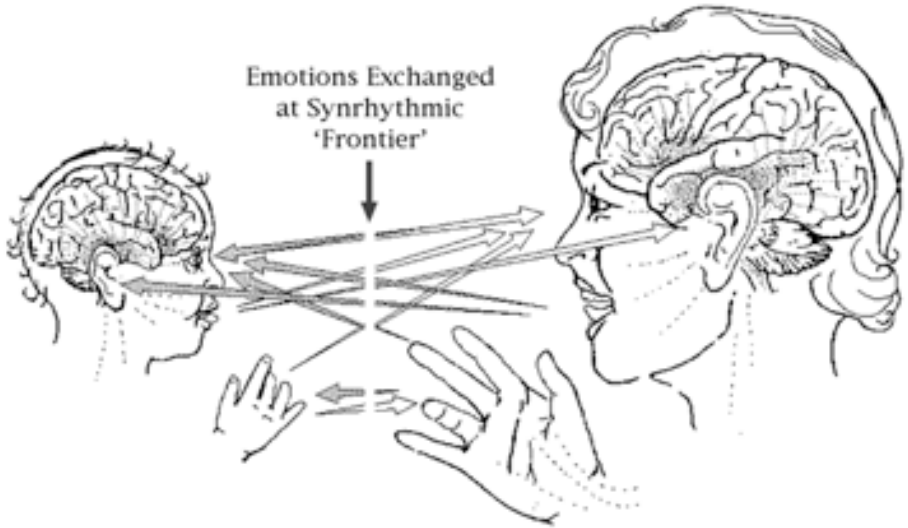
The Centrality of Relationships

Colwyn Trevarthen



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Infants and Children

Require regular, consistent, predictable, attuned, loving, responsive relationships to promote health social, emotional and intellectual development.

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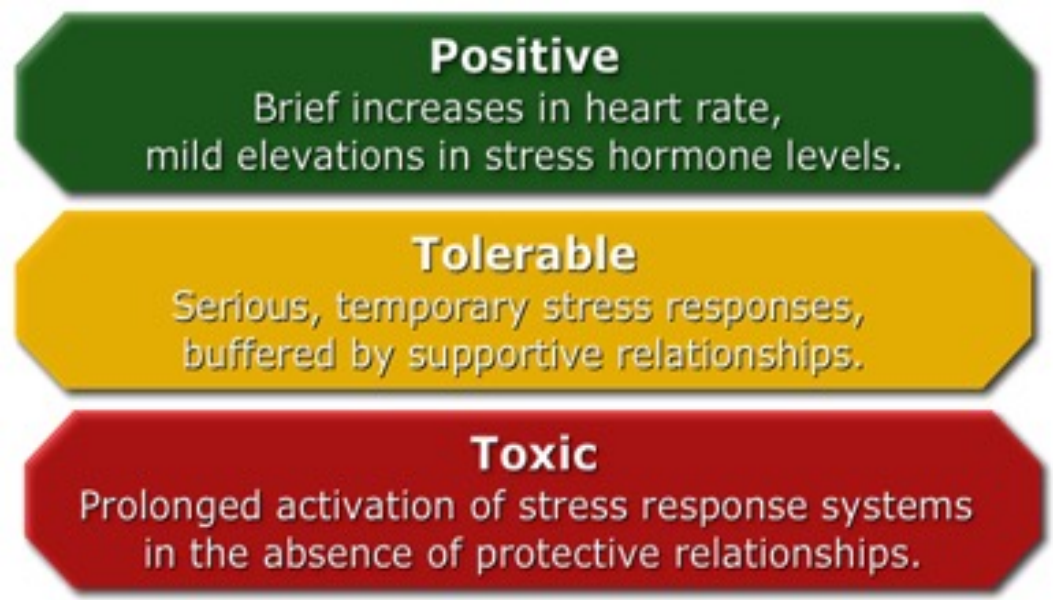
Three Levels of Stress Response



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NOTE

The topic of Stress, Trauma and the effects on brain and emotional development will be more closely examined in Module 3- Webinars 3.1 and 3.2

Toxic Stress

- Strong & prolonged activation of stress response systems in the **absence** of buffering protection of adult support
    - Recurrent abuse, neglect, severe maternal depression, substance abuse, family violence

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What is Trauma?

- A psychological wound
- An exceptional event that overwhelms a person's capacity to cope and shatters trust in expectancies of everyday life
- An event that exceeds stress-a highly unusual occurrence – e.g. domestic violence, war, child abuse, natural disasters, life threatening conditions and events

Acute and Chronic Trauma

- Acute trauma is the consequence of a single event such as a severe car accident
- Chronic or complex trauma means exposure to multiple events overtime and likely has a cumulative impact

Signs of trauma in IECMH

- Changes in eating, sleeping , eliminating
- Clinging to caregivers
- Refusal to go to school or other settings
- Persistent fears related to the event
- Sleep disturbances
- Easily startled, “hypervigilant”
- Loss of concentration

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Signs of trauma in IECMH

- Behavior problems
- Irritable, fussy, tantrums, difficulty calming down
- Physical complaints without a physical cause
- Decreased or increased activity level
- Repeating the event over and over in play or conversation
- Resort to behaviors common to being younger (for example, thumbsucking, bed wetting, or fear of the dark)
- Physical complaints (headaches, stomachaches, dizziness)
- Dissociation

Pause and Ponder

- What happens on the “inside” when the “outside” is destroyed?
- What happens when those consistent, predictable, loving ***places and RELATIONSHIPS***, are changed or gone?
- What happens to the caregivers?
- What happens to the infants and children?

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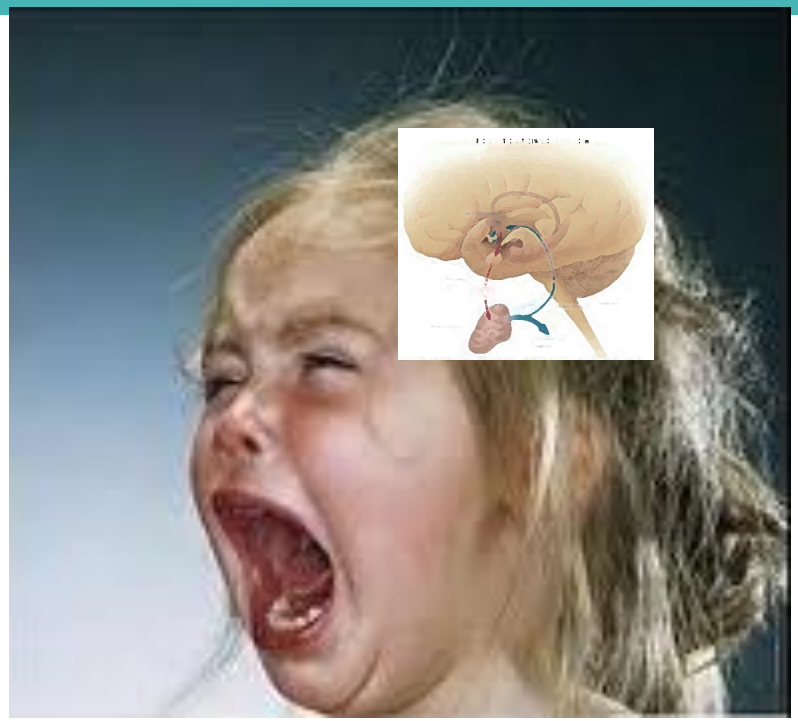
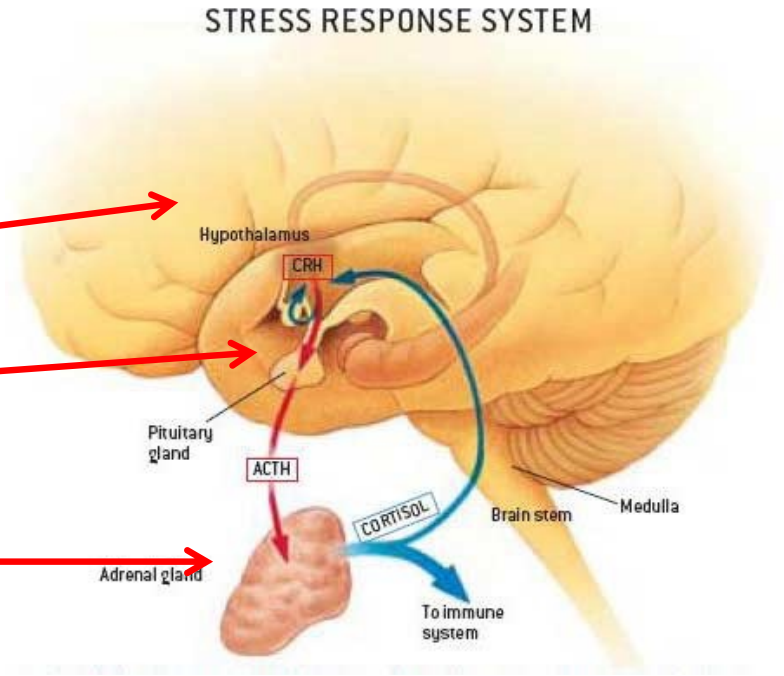
Stress, Trauma and the Brain

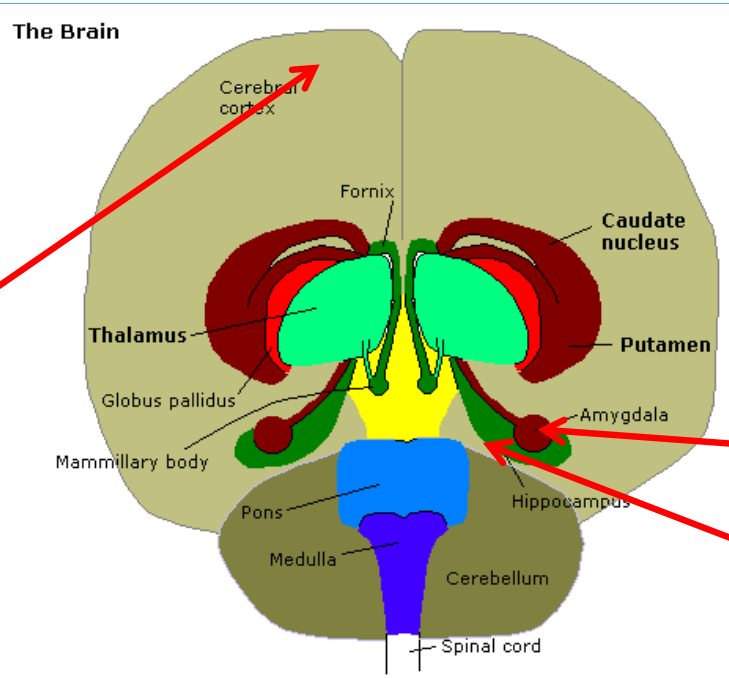


The HPA Axis

- H
- P
- A



Prefrontal Cortex

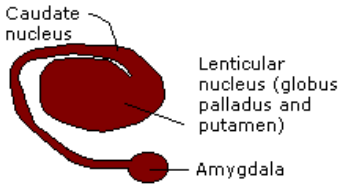


Amygdala

Hippocampus

The brain as viewed from the underside and front. The thalamus and Corpus Striatum (Putamen, caudate and amygdala) have been splayed out to show detail.

Corpus Striatum



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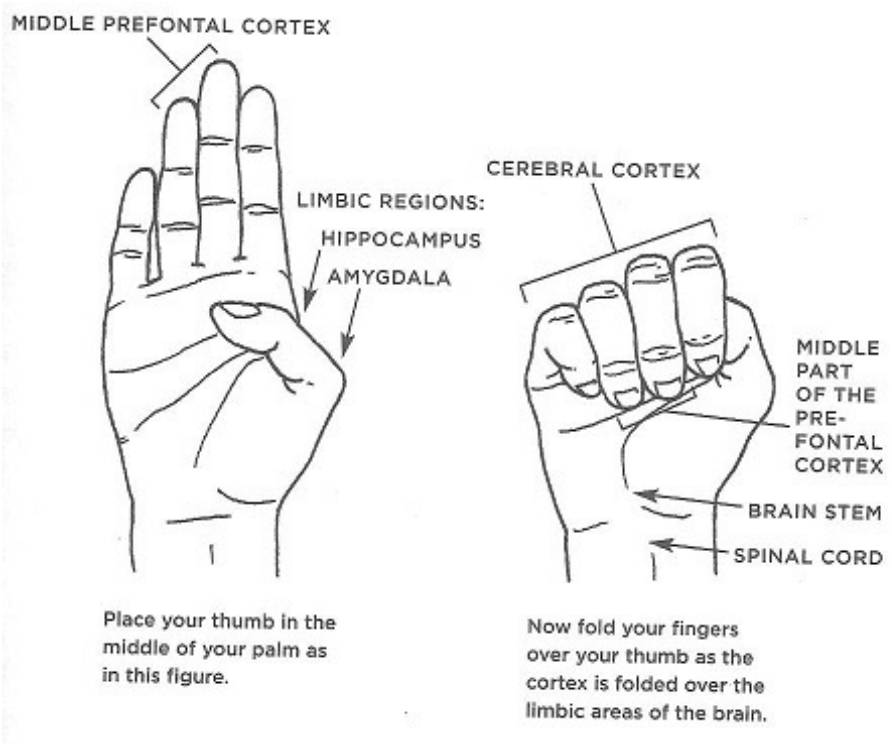
Amygdala

This structure is part of the Limbic System- and in the development of brains in babies, this structure (based on real experiences with caregivers and the world) begins to get “wired” to “process” (interpret the meaning of) new experiences. Because the amygdala is connected to other brain regions, what happens in the amygdala affects the entire brain!

Dan Siegel – The Hand Model of the Brain



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*What happens in the amygdala does **NOT** stay in the amygdala!*

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Chronic Activation of the Stress System….

- May affect the growth and pruning of neural connections
- Has an Impact on Autonomic Nervous system
- Effects the Limbic System (Amygdala, hippocampus)
- Activates Cortisol
    - Higher baseline of stress and startle response
    - Engenders regulatory issues and sensory problems
- Can affect growth hormones
- May contribute to dissociative states, memory, learning and cognitive abilities

Caregiving Relationships

Nurturing relationships provide children with a sense of safety and confidence and offer the **best buffer against stress.**

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Creating A Safe Environment

- Creates an ambiance of safety and security - *"Confident Expectations"*
- Is felt as Consistency of care
- Creates a Predictability of Place
- Provides a Reassurance of routine

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Elements of a “Holding” Environment

- Sensitive
- Empathically attuned
- Intersubjective
- Reflective relating through the mind’s eye of the child
- Serving as a co-regulator
- Defining the playroom as container and microcosm

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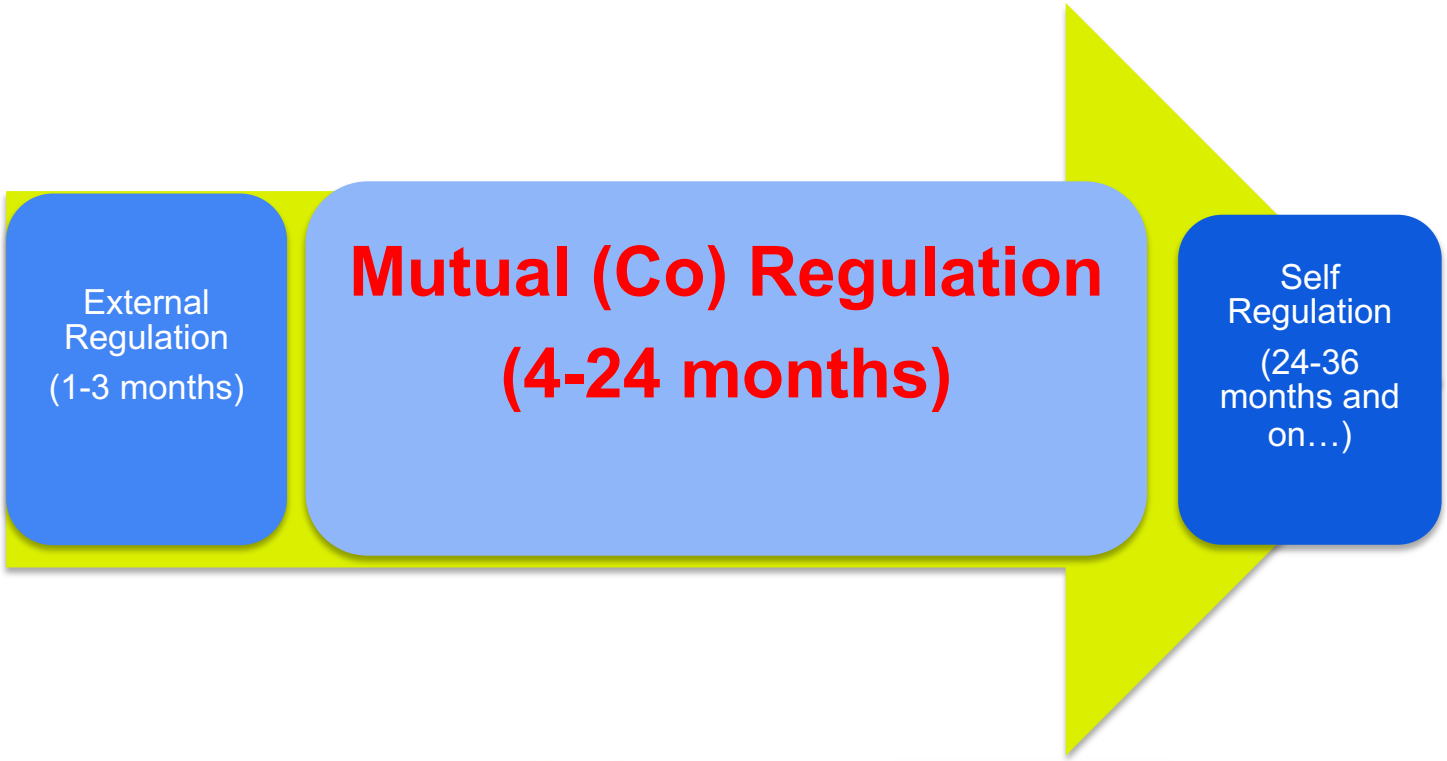
Sensory Informed Trauma Work

An essential main goal in all helping relationships, is to increase Self-regulation by means of Mutual (Co)-Regulation

Regulation as a Developmental Process



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Six Developmental Capacities of Emotional Development-0-5
Stanley Greenspan, MD

- Self-Regulation and Interest in the Word
- Forming Relationships: Attachment
- Intentional Two-way Communication
- Complex Communication
- Emotional Ideas
- Emotional Thinking

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0-6 years

RECOGNIZING INDICATORS OF CONCERN FOR EARLY CHILDHOOD SOCIAL EMOTIONAL DEVELOPMENT

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4 Categories of Risk Factors

Although risk factors are complicated and often multilayered, they can be categorized for our consideration into the following 4 types of risks to development

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1. Individual Differences

- All children have individual differences. Children who have certain neurobiological and constitutional difficulties will influence brain development, structure and function, and affect the unfolding relationships.
- These can increase the likelihood of stress due to individual, developmental, social or emotional factors.
- Other contributing factors include poverty, prenatal damage from exposure to substances or malnutrition, difficult temperament, exposure to lead, traumatic brain injury, medical conditions, developmental delays, early trauma, etc.

2. The Nature of the Caregiving Relationships

- Parents or Caregivers who have problems or unmet needs may result in their inability to be attuned adequately to their children's needs and cues.
- These problems can include substance abuse issues, mental health problems, their own history of being abused or neglected, teen parents or single parents, etc.
- This can lead to intergenerational transmission of trauma.

3. Family, Social and Environmental Factors

- As noted earlier, general environmental issues can overwhelm parents/ caregivers and their young children such as poverty, homelessness, hunger, violence, unsafe neighborhoods and lack of community support.
- Problems in family life such as domestic violence, divorce, death, incarceration, and overcrowding are also conditions which can have serious negative effects on emotional well-being.

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4. Child Abuse and Neglect/Cumulative Risks

- Child abuse and neglect are extraordinary risks for the development of emotionally healthy children on many levels.
- The Adverse Childhood Experiences (ACE) Studies provide evidence for the adverse effects of cumulative risks -

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Adverse Childhood Experiences

https://www.cdc.gov/aces/about/index.html

1. **Physical Abuse**

Causing physical harm to a child by hitting, kicking, punching, scratching, beating, burning, throwing, or stabbing. It can result in injuries like bruises, cuts, and fractured or broken bones.

2. **Sexual Abuse**

Engaging in sexual behavior with a child, sexual exploitation of a child, or exposing oneself indecently to a child. This includes using a child in prostitution or pornography.

3. **Verbal Abuse**

Using the voice and words to scream, yell, curse at, assault, or manipulate a child.

Adverse Childhood Experiences

4. **Physical Neglect**

Failing to provide a child's basic needs, such as food, water, and shelter. This also includes failing to give a child proper medical care, providing clean clothes, or giving proper supervision.

5. **Emotional Neglect**

Behaving in a way that causes a child emotional harm and interferes with their mental health. This neglect can include ridiculing, blaming, threatening, isolating, or rejecting the child.

Adverse Childhood Experiences

6. **Mental illness**

A household member with a mental illness that impacts their ability to provide proper care for the child or has a profound impact on the child. This experience could be depression, a household member attempting suicide, or other mental illnesses.

7. **Substance Addiction**

A household member who is addicted to alcohol or another substance. The addiction can cause a caregiver to prioritize substance use over caring for the child.

8. **Imprisonment**

A household member who is incarcerated. It can cause a child to feel abandoned when the person leaves them. The person may also have modeled inappropriate behaviors before being imprisoned.

Adverse Childhood Experiences

9. **Witnessing Abuse**

Seeing violence, specifically against a mother, is particularly traumatizing because children tend to form a stronger attachment to a mother figure. It is difficult to watch a loved one's abuse, and they may feel helpless because they cannot intervene.

10. **Losing a Parent to Separation, Divorce, or Death**

When an important figure is removed from a child's life, it can cause significant distress and feelings of abandonment.

Evidence from ACE Studies indicate:

Adverse childhood experiences/trauma - the most basic cause of health risk behaviors, morbidity, disability, mortality, and healthcare costs:

- Cardiovascular disease
- Hypertension
- Obesity
- Diabetes
- Mental health problems
- Higher Risk of suicide
- Early Death

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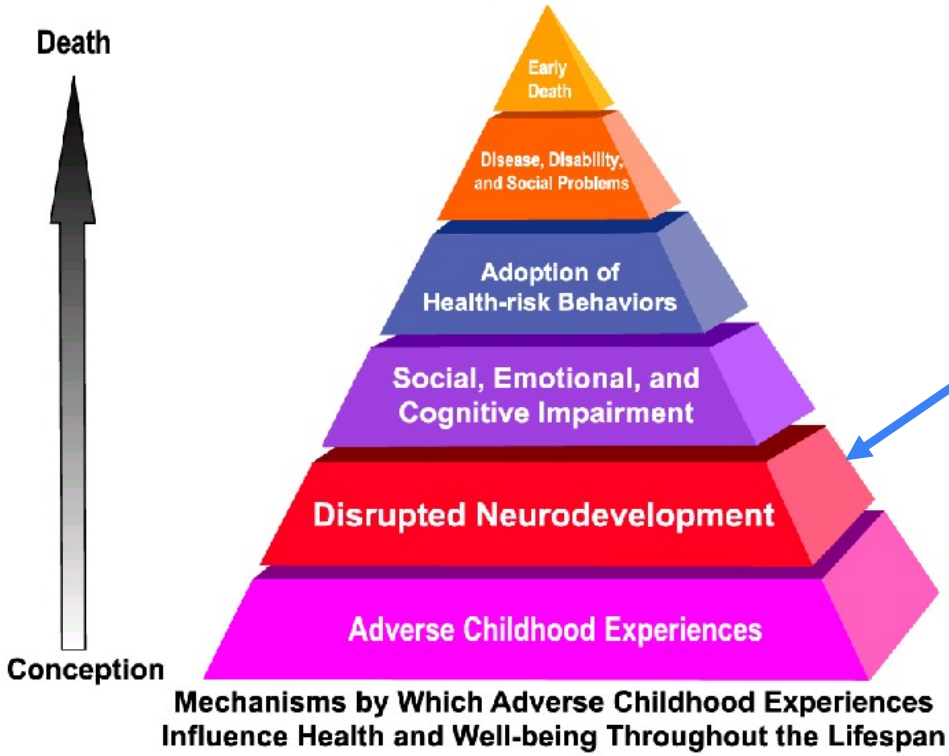
ACE - Adverse Childhood Experiences - Studies



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Note.
Brain development is adversely affected by early stress and trauma.

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Developmental Expectations 0-6 years

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0-12 Months – What to Expect
Developmental Goals

- Building a sense of security and trust in parents, family and caregivers.
- Learning to “regulate” levels of excitement and states of arousal

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What to Expect: 0-12 months

0-3	• Shows interest in people's faces, voices, objects or sounds
3-6	• Smiles in recognition of familiar faces, coos and imitates facial expressions
7-9	• Forms attachments with key persons • Shows interest in toys and objects • Responds to own name • Enjoys exploring environment through reaching, crawling, etc.
9-12	• Happy and content with parents and familiar people, may demonstrate anxiety around strangers or when separated • Communicates with sounds, gestures or cries

When to be Concerned

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
0-3	• Fussy, inconsolable • Startles easily at sounds, touch, changes in position • Looks serious, sad or withdrawn	• Does not make eye contact or seem interested in people	• Becomes upset when held, arches back, straightens arms, cries intensely when being changed. • Difficult to soothe or to feed
4-6	• Difficult to comfort and to settle • Does not smile or relax around familiar persons	Does not show interest or pleasure in interacting with others.	Avoids looking at people's faces and interacting with them through eye contact, cooing, touch

When to be Concerned

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
7-9	• May appear sad or fearful much of the time • Extreme reaction to diaper or clothes changes, baths (ie: terror or pain) • Continues to sleep much of the time OR unable to settle down, nap or sleep.	• Not interested in infant toys such as rattles, musical toys, cloth toys, etc.	• May have difficulties with feeding, (choking on bottles, refusing bottles or foods) • Overly “clingy” • Inconsolable crying • Attempts to move away from people by not looking at them, arching away, trying to move away from them. Especially accompanied by crying, whining, or worried expression.

When to be Concerned

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
9-12	• Typical routines such as eating, sleeping, bathing and changing are scary or frustrating • Too little or too much distress towards strangers	• No enthusiasm or curiosity in play • Primarily focused on own body parts (fingers, toes, genitalia) to use for play	• Is aggressive with others or towards self • May appear excessively quiet and withdrawn

What to Expect

12-18 mos	Becoming more independent through their ability to move and explore and communicate. Is excited about his/her social world of family, peers and others.	• Enjoys moving about and exploring (Still needs to “check in” with an adult as he explores) • Friendly and open to familiar persons but somewhat cautious around new people and places.
18-24 mos		• Appears generally confident and willing to try new things. • Developing an expanded vocabulary and use of phrases. • Does more for him/herself such as feeding, dressing, and playing.

When to be Concerned

Months	EMOTIONAL EXPRESSION AND	PLAY	BEHAVIOR
12-18	• Appears clingy, worried or frightened much of the time • Difficulties with resting, sleeping or changing from one activity to another.	• May avoid certain play activities, especially those that involve the senses such as paint, clay, music, etc. • Often appears to be more of an observer, than actively engaged in play • May play recklessly and aggressively, with little joy • Preoccupied with objects and less with people	• Rejecting, uncooperative and disinterested with adults • Easily picked on and bullied • Excessively domineering and aggressive • May hurt self through picking at cuts, head banging, pulling out hair or eyelashes

When to be Concerned; 12-18 months

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
18-24	• Typically appears oversensitive emotionally OR • Typically appears unresponsive, listless and detached. • May engage in excessive , repetitive behaviors such as rocking, twirling or masturbation	• Shows lack of interest or focus in play. May be timid, jumpy and uncomfortable in playing with or near others. • Plays out sexual behaviors	• Appears fearful and nervous – nail biting, hair pulling, worried expression • Repeating profane words or phrases heard at home, or in other settings • Overly Aggressive behavior • Frequent or violent temper tantrums or extreme problems with separation.

What to Expect – 2 years

- Interested in toilet training and in bodily functions
- Demands to do things “by myself” and to say “no” in an effort to establish greater independence.
- Enjoys using language to “name” things in the world.

When to be Concerned

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
2 years	• Appears moody, tense and overly active. • May show sensitivity to sound, touch, or chaotic atmosphere.	• Little interest in play • Play characterized primarily by aggressive themes – people being hurt, chaos and destruction, fighting or play is “driven”, intense and joyless	• May begin to use words to describe feelings of fear, sadness, hurt or shame • May show signs of regression to more infantile behaviors, (crawling instead of walking, demanding to be held or carried) • Frequent complaints of not feeling well

What to Expect – 3 years

- Further progress or completion of toilet training.
- Enjoys their ability to do more things on their own and to initiate play and activity with others
- Loves to play “make believe”
- Uses play to explore and express themes of life and the full range of emotions (anger, fear, love, independence, etc.)

What to Expect – 3 -4 years

- Importance of taking initiative in doing things.
- Separating fantasy from reality,
- Playing cooperatively and greater emphasis on friends.
- Growing awareness of different emotions and gender identity.
- Increased use of language to “bridge” ideas and explore thinking about emotions (e.g., likes “Why?” questions)

When to be Concerned

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
3 years	• Moodiness • Trouble resting, unable to be soothed, difficulties in changing from one activity to another, one setting to another. • Often seems to be distressed	• Play lacks joy and excitement • Play is repetitive in nature, playing out the same theme over and over again in a driven, joyless manner • Withdrawn and isolated .	• May refuse to eat or begin to have unusual eating preferences or habits • May still struggle with toileting issues • May have difficulty relating to other children, being too vulnerable or too bossy.

What to Expect – 4 years

- Creative, interest in learning and exploring the world and people in it.
- Friends are becoming very important , but still enjoys parents/caregivers and adult attention
- Capable of expressing emotions, ideas and needs more effectively.
- Increased critical thinking and problem-solving abilities.

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When to be Concerned

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
4 years	• Frantic inability to wait, • Constantly seeks attention • Overreacts to common noises, sights and touch. • Clinginess and fearfulness in general or to specific persons, places or things.	• Does not play cooperatively with others • Play does not involve make believe • Child begins to regress in the way they play and the things they choose to play with	• Intense fear of leaving home, leaving childcare setting, or fear of strangers. • Indiscriminate friendliness to any stranger • May complain of stomach aches, head aches, or other physical discomfort on a frequent basis without medical explanation • May be aggressive towards other children, particularly those younger or smaller • Has night terrors

What to Expect – 5 years

- Understands and values social relationships including friends, teachers, and family
- Interest in learning and in school.
- Has expanded vocabulary and ability to communicate.

When to be Concerned

	EMOTIONAL EXPRESSION AND REGULATION	PLAY	BEHAVIOR
5 years	• Change in general mood or temperament • Overreacts to common noises, sights and touch. • Overly active • Difficulty falling asleep and staying asleep	• Directly plays out scenes of violence, domestic discord, or sex acts. • May want to play in a repetitive fashion , taking little pleasure in the play, but becoming very upset if disrupted	• May have extreme difficulties separating from parents, caregivers • May engage in fighting with adults and or peers • Strong need to control • Indiscriminate friendliness to any stranger • Preoccupied with worries about real or imagined threats • Unable to discuss difficult situations or feelings thus resorts to aggression or withdrawal • Confuses fact and fantasy and is sometimes seen as “lying”

Children who develop Compromised Emotional Health

- show greater stress reactions in new or challenging situations
- appear to be either more aggressive, or more withdrawn
- show difficulties with problem solving or reasoning tasks
- are more likely to develop emotional/behavioral disorders as children and adolescents and demonstrate problems in learning and academics

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Children who develop Compromised Emotional Health

- Typical routines such as eating, sleeping, bathing and changing are scary or frustrating
- Too little or too much distress towards strangers
- No enthusiasm or curiosity in play
- Primarily focused on own body parts (fingers, toes, genitalia) to use for play
- Is aggressive with others or towards self
- May appear excessively quiet and withdrawn

Infancy and Early Childhood
Mental Health
How to determine when a referral to professional services is needed.

8 Helpful Rules

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Consider these areas of Concern

- It can be difficult to determine the difference between behavior and emotions that are part of the normal variability in infant and child development, from those which may indicate a more serious concern with the child or his caregiving relationships.
- Building on the guidelines covered earlier, here are “8 Helpful Rules” to use in making the decision to seek professional help.

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Consider these areas of Concern

1. What is the quality of infant/child-parent interactions-the level of “attunement” and the “Language of Interaction” (visual, vocal/language, touch/movement)?
2. What is the quality of attachment and proximity seeking behaviors- especially during separation and reunion from the primary caregiver? Does the child seem secure, ambivalent, anxious, insecure, detached, overly friendly, overly withdrawn or suspicious?

Consider these areas of Concern

3. Examine the quality of the caregiver's response to the child's behavior. Does the reaction appear measured to the behavior? Is the caregiver's response appropriate, overreactive, underreactive, or unreactive? If punitive, does the "punishment fit the crime"?
4. What is the quality of the child's play. Is it "free", pleasurable, unrestricted and developmentally appropriate, or is it "driven", joyless, serious, repetitive, fragmented, inflexible, or constricted? (e.g. Traumatic play often seems "compelled", or "driven".)

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Consider these areas of Concern

5. Examine the child's affect for a "full range" of feelings. Is the child able to experience and express varied emotions? Does the caregiver promote and share emotions with the child, even as behavior expressions are limited? Are the range of feelings permitted?
6. Is there an absence of self-calming capacities in the child or caregiver? Does the child have difficulty maintaining or modulating arousal or attention? Does the child have difficulty in responding to stimulation (hypo- or hyper – reactive) or in calming after stimulation or upset? Consider what is developmentally appropriate?

Consider these areas of Concern

7. Is there an absence of, or impairment in mutuality or reciprocity in social interactions? What is the child's overall quality of social relatedness?
8. Are their delays or disturbances in development – physical/health, sensory (vision, hearing) cognitive, language, gross and fine motor, self-help, and feeding?

Take Home Messages

- Prevention and early intervention services during the first six years of life represent critically important strategies of intervention during this very sensitive period of social, emotional and brain development.
- Working with infants, young children and their families in the early identification and treatment of difficulties has shown great effectiveness.
- If these risks and indicators are not addressed, mental health issues compound and intensify over time, especially if the child's experiences and environments remain unchanged.

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Take Home Messages

- Interventions must focus on relationship-based approaches, helping children to acquire important skills and developmental milestones through the development of healthy attachment relationships and social supports.
- Infant and childcare, prevention and early intervention programs must fundamentally focus on infant and preschool mental health issues.
- *Good mental health, rooted in secure attachment relationships, is a prerequisite for achieving social and cognitive goals.*

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Remember

The Importance of Reflective Practices and Self-Care for Staff

Thanks

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