



Pathways to Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Becoming an Infant and Early Childhood Mental Health Professional”- Professional Formation- Ways of “Knowing”, “Doing and “Being With”

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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.



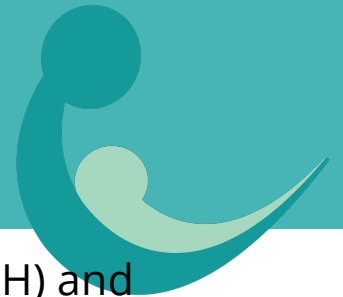
Pathways to Professional Development Webinar Series



- **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 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



Pathways to Professional Development Webinar Series



Module 2- Webinar 1. - Overview

Becoming an Infant and Early Childhood Mental Health Professional”- Professional Formation- Ways of “Knowing”, “Doing and “Being-With”

This presentation will examine the field of professional development which frequently relies on “trainings” with an emphasis on gaining knowledge and skills in the fields of infant and early childhood mental health and autism. In the field of autism, dominant educational protocols emphasize the acquisition of techniques for managing behaviors. This workshop will assert that these approaches fail to adequately recognize and apply the science of interpersonal and brain processes, and the emotional and the relational context of human development in our work with infants, children and families.

The concept of "Formation" will be introduced and explained as a model that embodies notions of "integration", "personal unfolding", layered knowledge of "self", and three interrelated “ways” of professional development: knowing, doing and being-with. This model of “Formation” can serve as guidance for all who seek to support the growth of a responsive, multidisciplinary field as our understandings of infant and early childhood mental health and autism unfolds.



Learning Objectives



- Identify and describe the “Formation” framework, and three interrelated ways of development: knowing, doing and being-with.
- Identify and describe three frames to embrace in “formation” as ways of suspending judgement and promoting reflectivity
- Discuss the three aspects of “self” that must be engaged in professional growth
- Describe the AGILE framework of preverbal and nonverbal engagement and relatedness.



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/her family. The infant is principally viewed within a primary relationship – often, but not always the mother - and this pair or *dyad* is the principal focus of infant mental health.

* We hope to move towards a “Transdisciplinary” model as a way of role sharing and reducing “siloed” thinking.



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



With Gratitude To:



- T. Berry Brazelton (RIP)
- Thea Bry (RIP)
- Corinne Catalano
- Gil Foley
- Rev. Vincent Fortunato
- Stanley Greenspan (RIP)
- Susan Hopkins
- Kaitlin Mulcahy
- Kathleen Mulrooney
- Selma Fraiberg (RIP)
- Mary Gordon
- Bruce Perry
- Daniel Stern (RIP)
- Dan Siegel
- David Eagleman
- Willis Overton
- William Sallenbach
- Stuart Shanker
- Emie Tittnich (RIP)
- Ed Tronick
- Michael Trout
- Deborah Weatherston
- Serena Wieder

And many, many others!

Resources



Costa, G. (2021). Reconceptualizing training as professional formation in the fields of autism and infant mental health. In N. Papanephytou and U.N. Das (Eds.), Emerging Programs for Autism Spectrum Disorder: Elsevier: Amsterdam, 211 – 236.

Costa, G. (2006a). Mental Health Principles, Practices, Strategies and Dynamics Pertinent to Early Intervention Practitioners (Chapter 5), In G.M. Foley and J.D. Hochman, (Eds.), Mental Health in Early Intervention: Achieving Unity in Principles and Practice. New York: Paul T. Brookes Publishers, 113-138.

Forthcoming: Spring 2025

Nenide, L.S., Sweeney, K., Corso, R., Costa, G. and Horen, N.M. (Eds). (Spring 2025). *Uniting Infant Mental Health and the Pyramid Model: Connecting Principles and Practices to Improve Outcomes*. Baltimore, MD: Paul Brookes Publishing.



What We Plan to Cover



- The “Formation” Framework and Wondering!
- “Meeting someone”
- Reflections on “Being-with”
- A clinical Vignette- Bonnie and her mother
- Three “Selves”
- Spillover Effect
- Reflective Practices
- Closing – St. George and the Dragon



But First, 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.



This means that:



- We must become deeply aware of our own cultural history and beliefs, and how we develop our “knowledge”, “skills” and “relationships”!
- We must reflect on and consider the social and cultural context of our institutions and the families with whom we are working and the professionals we are “forming”.
- 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.



What We Need to Ask in Professional Development



The teaching and helping professions must continually try to answer these two questions:

1. “How do we best teach about our work?” (Pedagogy)
2. “How do learners come to know what they know?” (Epistemology.)





What do we need to grow?

Curiosity about TERMS!



Education

Analytic skills

Skill-building

Training

FORMATION

Insight

Reflectivity

Problem-solving

Development



Preparing Our Workforce



- The presentation looks at the ways in which we prepare our multidisciplinary workforce.
- I will present the view that while "knowledge" and "skills" are necessary, we must emphasize "*way of being-with*" as a requirement of our relationship-based work.
- I will highlight the need for *reflective practices* for practitioners of infant, child, adolescent mental/behavioral health.



Key Points



- We form clinical/helping relationships with individuals and families.
- This approach – **FORMATION** – recognizes and applies the science of interpersonal processes and the affective and interpersonal context of our work.
- This recognizes the “HOW” we are, not just what we “know” and what we ‘do”.

Formation



- This is a model of personal and professional development.
- Formation embodies notions of "integration", "personal unfolding", layered knowledge of "self", and three interrelated "ways" of development: knowing, doing and being.
- Considering neurobiology and reflective processes, "Formation" can serve as guidance for all who support the growth of a responsive, multidisciplinary field in mental/behavioral health





I will pose and offer answers to
three *“Knotty Questions”*



Knotty Question 1



What “transformational experiences” are needed and are foundational, for staff at all levels and in all disciplines, to form their capacities for this work – for empathy and care?

HOW DO WE, IN PROFESSIONAL DEVELOPMENT EFFORTS KNOW THAT WE ARE DOING THE RIGHT THING?



Knotty Question 2



Is emphasizing acquisition of knowledge and skills, enough?

IF THEY ARE, THEN HOW DO WE KNOW WHEN ENOUGH KNOWLEDGE AND SKILLS HAVE BEEN ACQUIRED.

IS THAT OUR ONLY OBLIGATION?

Knotty Question 3



*How can we as HUMANS “use” ourselves
to help others?*

***HOW CAN WE ENSURE THAT WHEN WE “HELP”
OTHERS, WE ARE ACTUALLY NOT TRYING TO HELP
OURSELVES?***

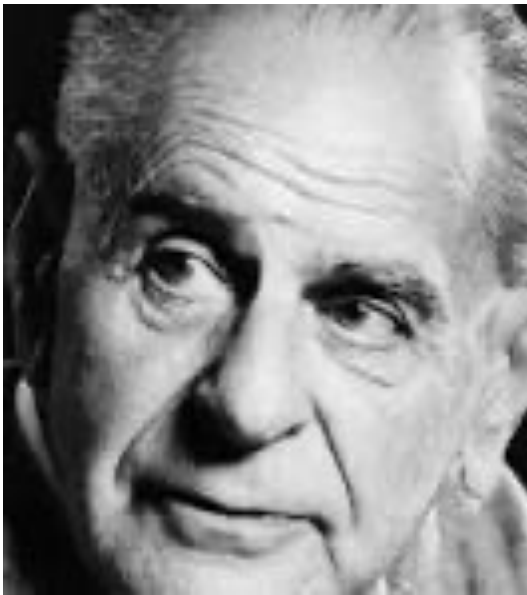


Ways of Knowing



This represents the traditional focus of “training”. Knowledge from theory, research and practice **MUST** occur. **BUT, in and of itself, such knowledge is insufficient and is tantamount to becoming a “technician”** – a skill builder, not necessarily a promoter of human development, as human engagement, particularly with infants and young children is fundamentally **affective and relational**.

Wondering



*“What matters is not methods or techniques but a sensitivity to problems, and a consuming passion for them; or as the Greeks said, the **gift of wonder.**”*

Karl Popper (1902-1994)

One of the 20th century's most influential philosophers of science. Austrian-British



Ways of Knowing



At it's best, "knowing" cultivates a sense of WONDERING!

Adoption of a "*posture of wondering*" in the infant, child and family worker. This suggests that the process of coming to know and understand a child must involve an awareness that many forces influence what we observe and encounter. These forces are within the child and his/her life AND ***within*** the worker. Authentic knowledge from science and practice is essential in all practitioners, but alone it is inadequate.



Ways of Doing



- When professionals, at all levels and across disciplines, attend trainings and workshops, a commonly expressed goal can be expressed is: **“Just tell me what to do!”** Staff often look for the “magic” technique that applies to any child with apparently similar behaviors.
- Since similar behaviors originate for varying reasons, these strategies often fail to help children, and staff often complain that the technique “didn’t work”. We must support the development of a range of observational, assessment and education/interventions skills, but if these skills are delivered in a way that is insensitive to the individualized needs of a particular child, or to the unique qualities of the helper, they are likely to fail.

Ways of Doing



Just as importantly, if the “right” words and techniques are used, but are delivered with a harsh and angry affect, “mean” voice, impatiently delivered and in a rushed, punitive and demanding way, the negative response to the non-verbal context will **far outweigh** the intent and possible success of the words and technique employed.

So in **FORMATION**, we consider



Knowing and Doing

In the context of

Being-with and Relating



Ways of Being-with



- This domain addresses the capacity to form attuned, empathic, contingent, co-regulating, caring relationships with the infants, children and families to whom professionals provide service. This is the “how you are” with families in addition to the “what you do”.
- Services are provided within the context of relationships, in this relationship-based formulation.
- **“Skills” and “techniques” are delivered by people!**

We covered this in
Webinar 1.3

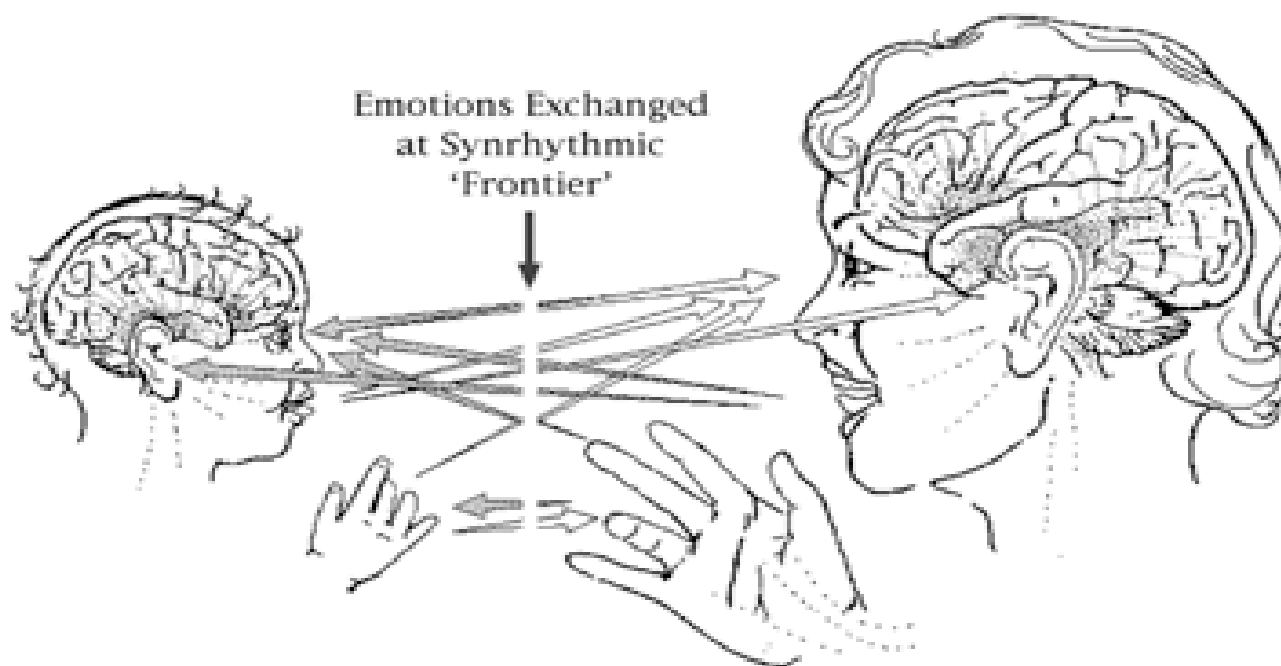
Ways of Being - with



The necessity to support awareness of, and growth in “ways of being-with”, is linked to two important evidence-based insights:

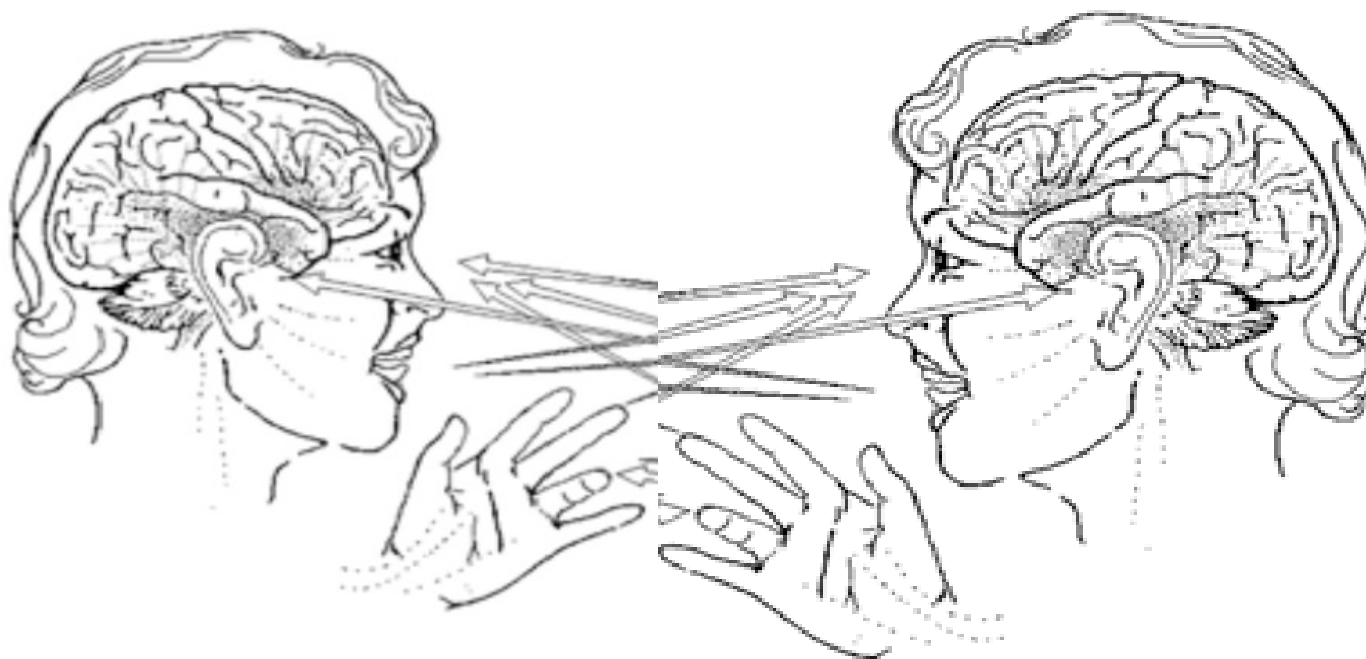
1. Neuroscientific evidence teaches us that the infant and young child brain systems are initially and primarily processing interpersonal experiences through “sub-cortical” and right-brain systems. During this early pre-verbal period (0-2 years) and *actually throughout our lifetime*, humans discern social and emotional messaging through non-verbal systems.
2. The inextricable connection between our affect-based psychological and neurobiological systems and our intellectual development. Intellectual development and learning – particularly professional formation – cannot be devoid of attending to the person’s affective life.

From birth



Colwyn Trevarthan

Throughout life!



Colwyn Trevarthan

Reflection



Think about a time you met someone for the first time.

Reflection



Think about the first time you met someone for the first time, ***when you were an infant.***

Reflection



Think about the first time you met someone for the first time, when you were 7 years old.

Reflection



Think about the first time you met someone for the first time, when you were an adult.

Wonder



What do you imagine was the very first question you asked yourself?
(or “felt” when you had no words.)

How did you go about answering that question?



- As an infant?
- As a young child?
- As an adolescent?
- As a mature adult?
- As an aging adult?

Polyvagal Theory- Stephen Porges



This is part of our brain system response!

*"...(H)umans are on a quest to calm neural defense systems by detecting features of safety. This quest is initiated at birth when an infant's need to be soothed is dependent on the caregiver."
(Porges, 2015, p. 2)*



*This is about a
“way-of-being-with”!*



Daniel Stern



*“Schema-of-
being-with”*



Video Clip



Michael Trout

Bonnie and her Mother



Respectful Posture



NOTE

- We must always view these vignettes with respect and honor.
- This is a very difficult human story that may activate difficult, and in some cases personal memories and experiences.
- Please take care of yourself.





“It must be pretty hard for you.”



- What happened in his FORMATION that would lead a helper to ask this question?
- What allowed the helper to have empathy for a parent who, in the moment, was hurting her child?
- How is it that the helper attended NOT to his own sense of shock or horror, but to have EMPATHY for a parent in pain?



Don't believe everything you think!

Robert Fulghum (1990). All I Really Need to Know I Learned in Kindergarten

Joseph Nguyen (2022). Don't Believe Everything You Think: Why Your Thinking Is The Beginning & End Of Suffering

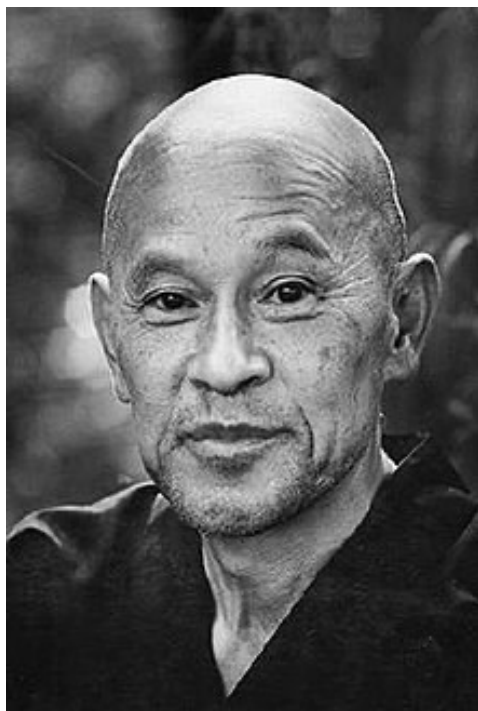


Three Frames to Embrace in Formation to Minimize Judgement and Promote Reflection



- Ways of Unknowing
- The Beginner's Mind
- The Problem of Certainty

Zen Master Shunryu Suzuki (1904-1971)



***“In the beginner's mind there
are many possibilities, but in the
expert's, there are few.”***

Reflection



Think about the first time
you met a
client or family.

Wonder



What do you imagine was
the very first question you
asked yourself?

Wonder



What do you imagine was
the very first question they
were ***asking themselves?***

Think of a client or child/family you know.



*If that person could tell you what
it is like to “be with” you,
what might they say?*

Stephen Porges – Polyvagal Theory



Our Need to Feel Safe:

*We seek this
before we know!
(Neuroception)*

*This is baked into
our DNA!*

Polyvagal Theory- Stephen Porges



- The vagus is a large **cranial nerve** that originates in the **brainstem** and **connects visceral organs** with the brain.
- In mammals, the vagal pathways originate from a part of the brainstem that regulates the heart ***but also regulates the striated muscles of the face and head – a face to heart connection, that forms an integrated SOCIAL ENGAGEMENT SYSTEM, that provides and senses signals of safety.***



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Office of
Mental Health



POWERED BY NYU McSILVER

Polyvagal Theory- Stephen Porges



- Our nervous system needs to feel safe!
- Our nervous system expects features of safety to be present, such as caring face-to-face interactions with warmly modulated voices.
- Our “safety” brain, when activated, deactivates our thinking brain, and these “defenses” limit learning, growth and *restoration*.
- *Connectedness is a biological imperative!*



Polyvagal Theory- Stephen Porges



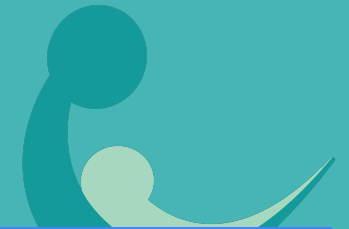
"...(H)umans are on a quest to calm neural defense systems by detecting features of safety. This quest is initiated at birth when an infant's need to be soothed is dependent on the caregiver." (Porges, 2015, p. 2)

Polyvagal Theory- Stephen Porges



- This allows us to “share” our bodily state of excitement through facial expression and or tone of allowing us to use **facial expression and voice to calm our bodily state and others!**
- Physiological state is signaled by changes in the face and voice.
- This happens often below our level of awareness That’s called “NEUROCEPTION” vs. perception – as if our “nerve” (brain) is perceiving danger of safety without our awareness!

Polyvagal Theory- Stephen Porges



“Thus, the neuroception of familiar individuals and *individuals with the appropriately prosodic voices and warm expressive faces* translates into a social interaction that down-regulates defense and enables feelings of safety.”
(Porges, 2015. p. 6)

In the evolutionary transition from reptiles to mammals, *social behavior emerged as the prepotent regulator of physiology!*



In all cultures, prosodic, acoustical stimulation (moving up and down voices, singing, music, etc.) whether vocal or instrumental, is an effective strategy for signaling safety and calming infants

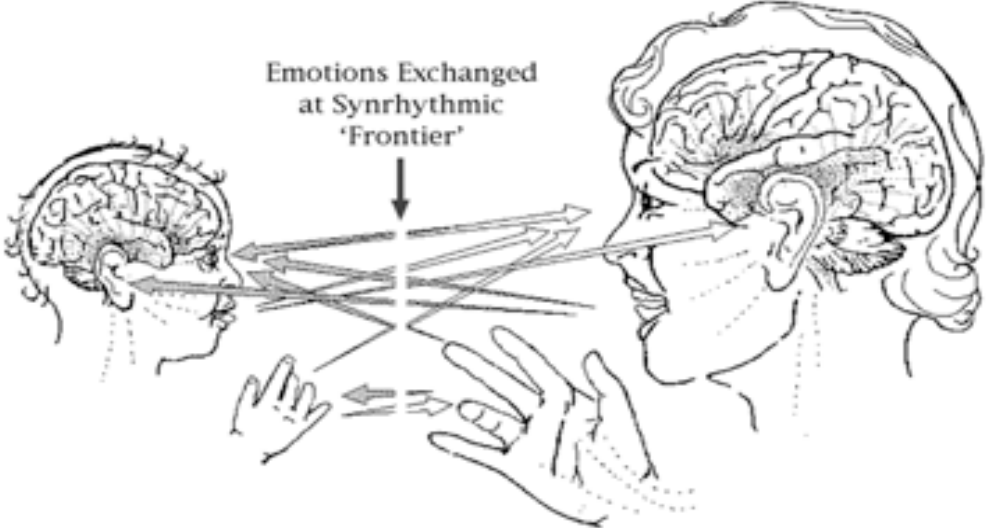
Adults too!
And Even NEWBORNS!



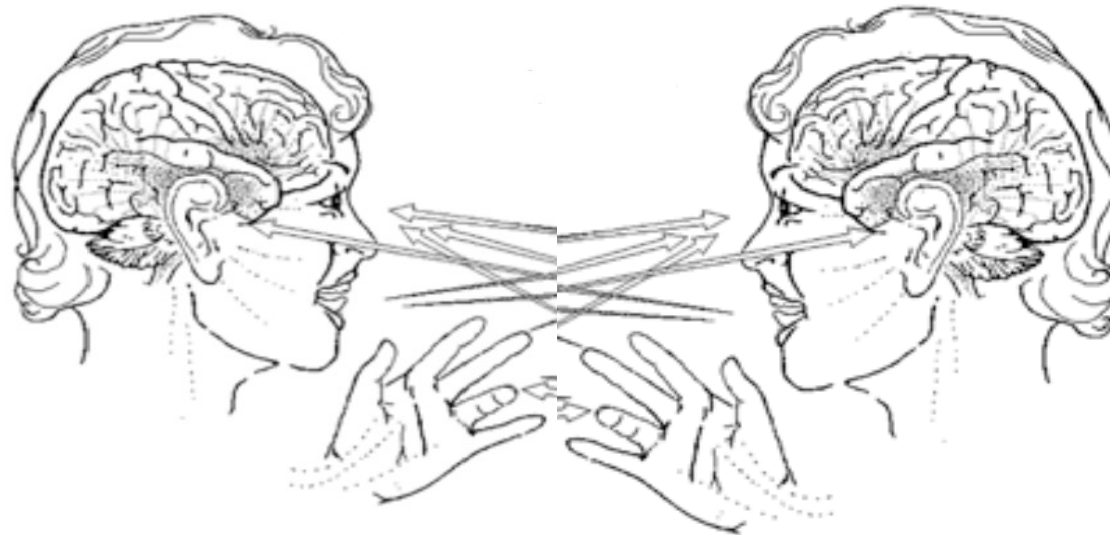


Your facial expressions, tone of voice, movement and gestures are more powerful than your words! When you speak with an infant and young child, move to their eye level (monitoring how they “take you in”), keep a respectful distance to be sure he/she “is in control”, convey in all of your “body language”, calmness, interest and willingness to “follow the child’s lead”.

From the beginning....



Throughout life!



Source: https://www.researchgate.net/profile/Jonathan_Delafield-Butt/publication/262450020/figure/fig9/AS:392398912933896@1470566599720/Figure-Twelve-Protoconversation-between-mother-and-infant-Synrhythmic-regulation-of.png



*How can we cultivate formation
in
“Ways-of-Being-with”?*



What experiences are needed?



- A “holding environment”- Attuned, regulated, containing.
- A “feeling with” other. (Right-left)
- A shared sense of wonderment with another.
- Knowledge about human development and interpersonal processes.
- A sense of self-awareness and capacity for reflectivity.
- A deep sense of modesty and connectedness to human frailty.
- The capacity for suspension of judgment.
- A deep sense of caring.

Formation in the Helping Professions



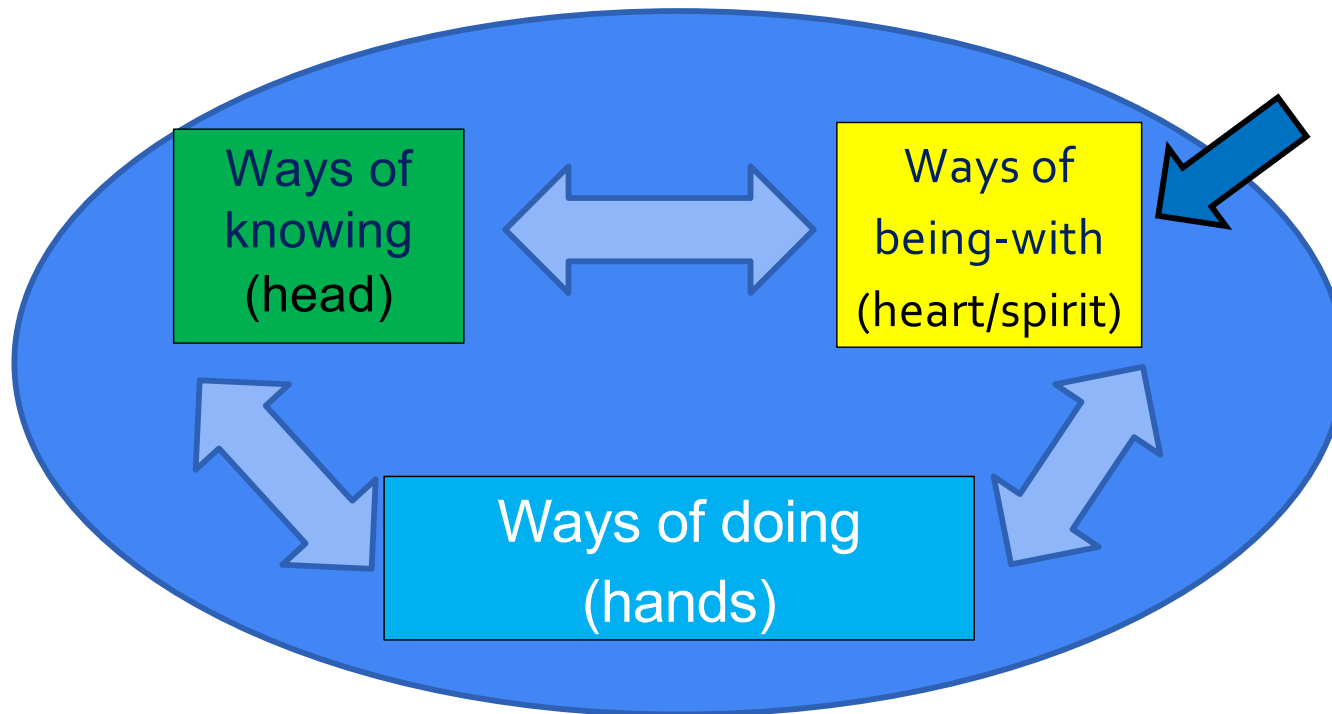
- Is a “brain” and a “mind” process.
- Refers to an “unfolding” of a person.
- Integrates knowledge and experience that becomes expressed in “ways of being” and “ways of doing” with others.
- Is not “taught” as much as it is “caught”, “experienced” and “felt”

Formation in the Helping Professions



- Integrates affect and intellect
- Involves authentic action, creative and “in the moment”
- Involves “thinking of the other, not your “theory” (Kohut)
- Requires an awareness of the “inner life” that guides us.
- We must “Get in Cahoots with ourselves” (Thea Bry)
- Be sure that someone “has your back”

Formation



**Most Critical
yet often
unaddressed!**

William Sullivan(*)

Professional Formation as Social Movement



Formation in the Legal Profession

*“The Holloran Center studies show that preparing for a successful legal career requires both a high level of knowledge **(KNOWING)** and skill **(DOING)** in legal analysis and the ability to sustain relationships **(BEING)** with colleagues and, especially ..(with) clients.”*

Sullivan (2015), p. 1 (parentheses added)



Three Selves



- . Public
- . Private
- . Secret





All of us choose our work, professions, careers on the basis of ALL THREE selves, so

*Formation MUST
engage all three!*



Self

	Others Know	Others Don't Know
You Know	<p>The "Public" (Lived) Self</p> <ul style="list-style-type: none">• Discussion• Acknowledge• Adaptation	<p>The "Private" Self</p> <ul style="list-style-type: none">• Observing "ego"• Disclosure and change• Self-acceptance
You Don't Know	<p>The "Knowable" Self</p> <ul style="list-style-type: none">• Supervision• "Wondering"• Inquiry and discourse with others• Adaptation• Insight	<p>The "Secret" Self</p> <ul style="list-style-type: none">• Reflective Practices• Psychotherapy• Mindfulness• Mindsight



Costa (2021)



*“...(P)rofessional development is inseparable from personal development. “Formation” requires that professional growth involve the development of the whole person such that education integrates their intellectual prowess, life experiences, and the many layers of “self” that humans are. Self-reflection is part of the process which brings the professional to an understanding of how his **whole self intersects with the learned materials and her work with infants, children and families.**” (2021)*

Reflect



“We need supervision to save our patients from ourselves.”

David Peters, Ph.D.

But what “kind” of supervision?

Reflective Work



- Focuses on experiences, thoughts and feelings directly connected to the work (not psychotherapy!)
- Based on established trust and openness- safety, calmness and support
- Serves as a “scaffold” to support the acquisition of new knowledge

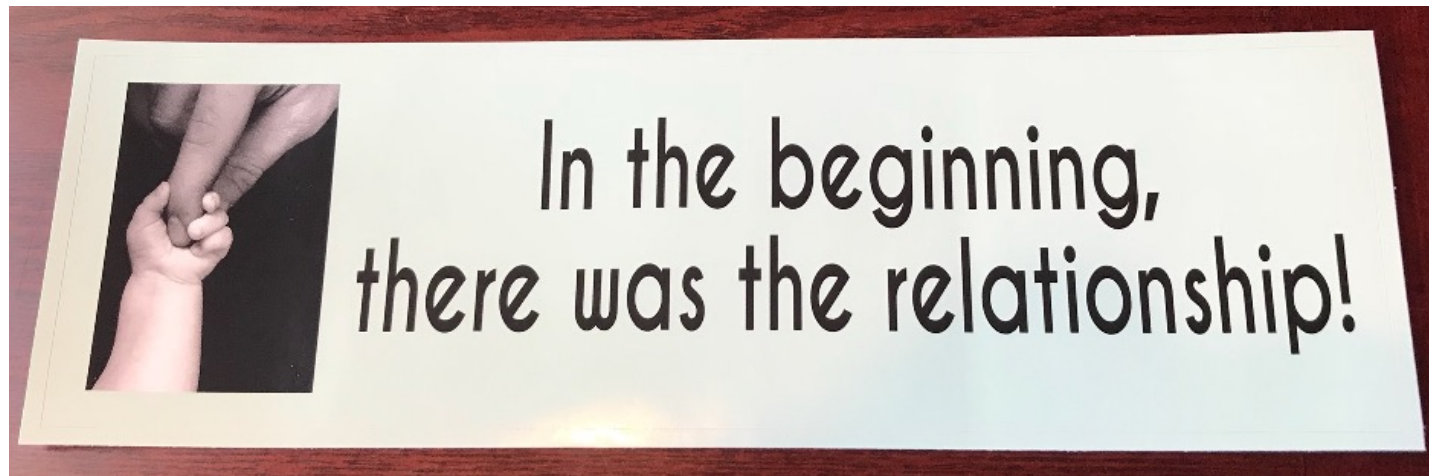
David Peters, Ph.D.



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



Remember - *My Bumper Sticker*



AHA! & AGILE!



IECMH Informed Framework for Responding to Children



FIRST



- **A- Assess**- Consider bio-psycho-social influences
- **H- Hypothesize** – wonder about ways to support regulation through affect and interaction
- **A- Act** – Act and evaluate the hypothesis and modulate as needed, using the AGILE guidelines






Consider these elements in “how” you respond



- **A- Affect** – This is what a child experiences first and most!
- **G- Gesture** – Modulate and be attuned in facial expressions, hands, movement, posture and pacing
- **I- Intonation** – Modulate the tone of your voice as this conveys affect and social/emotional meaning
- **L- Latency (Wait)** – Wait and allow the child time to “take you in”
- **E- Engagement** – Before you continue, be sure you have engaged the child



CO-REGULATE

A		Affect	expression
G		Gesture	movements
I		Intonation	voice
L		Latency	pacing
E		Engagement	

LEND YOUR CALM.

Gerard Costa, Ph.D., 2018

So, what do we need?



- A reconceptualization of how we prepare ourselves and the workforce!
- A commitment to the full range of human experiences, not just the “data” that someone identifies as the “really real” or the only “evidence”!
- A commitment to understanding how we come to know what we know – “Philosophy of Science” and “Epistemology”
- A promise to be reflective, introspective, to take care of ourselves!
- A promise to help all GROW and become FULLY HUMAN!





“Identity formation trumps information transmission.”

Sullivan 2015, p.6



And a Promise to



Listen and Wonder!
And Grow in
Ways of Being-with!





And to those who refuse to acknowledge the need for our field to ***shift towards a greater understanding about Professional Formation,*** I will let my little cousin Madelyn respond to them!





Resources



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Thanks!



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