# Pathways to Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Beyond Awareness: DC:0-5 Cultural Formulation as
a Path to Equity-Informed Infant Mental Health

Carmen Rosa Noroña, LICSW, MS.Ed.
Patricia P. Lakatos, PhD

# Pathways to Professional Development: Building Foundations in Infant and Early

**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 **Perinatal & 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/

# Acknowledgements

This presentation was developed based on the work completed with Marian Williams and Mary Wise-Kriplani (see references).

In addition, we want to thank the Harris Foundation Tenets Initiative and the Border Is Here Initiative.

# Learning Objectives

As an outcome of participating in this learning module, you will be able to:

1. Create a working definition of sociocultural context
2. Engage in an exploration of your own identities and social location to foster critical self-reflection
3. Identify the key components of the Cultural Formulation and understand the role of critical self-reflection in using this framework
4. Understand how to apply the Cultural Formulation to a case example

## Our Framework

- Socio-Cultural Context

- Diversity-Informed Practice
- Identity, intersectionality, and social location
- Self-Awareness
- Critical Self-Reflection
- Diversity-Informed Reflective Practice

# Socio-Cultural Context

- The socio-cultural context influences every aspect of human development, including how infant and early childhood mental health is understood (ZERO TO THREE, 2001).

- Socio-cultural context is preferred over "culture" as it acknowledges continuous modification of meanings and behaviors (Marsella & Yamada, 2000).

- It is not a static, external entity separate from observers like researchers and practitioners, but rather an active, dynamic process (Reyes Cruz & Sonn, 2011).

- Evolves through contextual forces and environmental influences.

# Socio-Cultural Context

- Functions as a social construction that guides life meaning and learning.

- Exists within social, economic, historical, and political relationships (Reyes Cruz & Sonn, 2011).

- Culture must be understood through its relationship with power dynamics, oppression, and exploitation within broader historical, social, and political contexts (Reyes Cruz & Sonn, 2011)

- Different socio-cultural, historical, and political backgrounds lead individuals to experience and define reality in distinct ways (Noroña, 2018)

**We all bring our selves,
our past experiences,
and our biases
to our work, interactions, and relationships.**

# Identity, intersectionality and social location

- Intersectionality: A lens to understand how different forms of privilege and oppression exist simultaneously in shaping our experiences in the world (Cole, 2019).
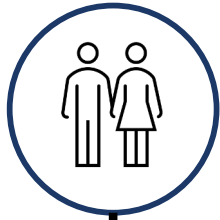
- Social location: social position an individual holds within their society and is based on social characteristics that are considered important by any given society e.g. gender, social position, etc. (Watts-Jones, 2010 )

# Identity, Intersectionality & Social Location
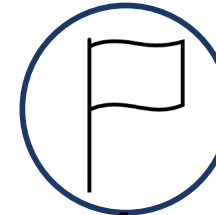
Gender

Age

Race

Religion

Nationality

Ethnicity

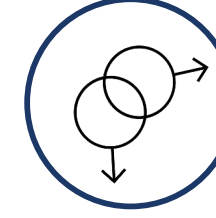## CULTURAL IDENTITY GROUPS

Single/Married/
Partnered

Class

Language

Education

Sexual
Orientation

Physical
Functioning/
Appearance

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# Self-Awareness and Critical Self-Reflection



https://www.johnhain.com/

# Critical Self-Reflection Definition

- The process of questioning one's own presuppositions and perceptions.
- Differs from other types of reflection

**Identifying** the assumptions underlying our actions, words, convictions

**Locating** the historical and cultural roots of those assumptions

**Questioning** their meaning (who, what, were/are in service of)

**Taking responsibility** for their impact on others

**Developing alternative ways of being and acting** (commitment to small steps of change, restorative action)

Garcia, Kosutic, McDowell, & Anderson, 2009; Hernández & McDowell, 2003: Stein, 2000;Thomas, Noroña & St. John 2019 & Raskin, 2020; Norona, 2020

THE BORDER IS HERE

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# DC:0 – 5™ Cultural Formulation for Use with Infants and Toddlers

- The DSM introduced a cultural formulation in 1994 to consider when making mental health diagnoses
- DC:0-5 adapted the DSM cultural formulation for young children, based on:
  - Sarche et al. (2019). Cultural perspectives for assessing infants and young children. In R. DelCarmen-Wiggins & A. Carter (Ed.), *The Oxford Handbook of Infant, Toddler, and Preschool Mental Health Assessment (2nd Ed).*

# Cultural Formulation

Cultural identity

Cultural explanations of the problem

Cultural factors re the environment

1. Life-space
2. Caregiving network
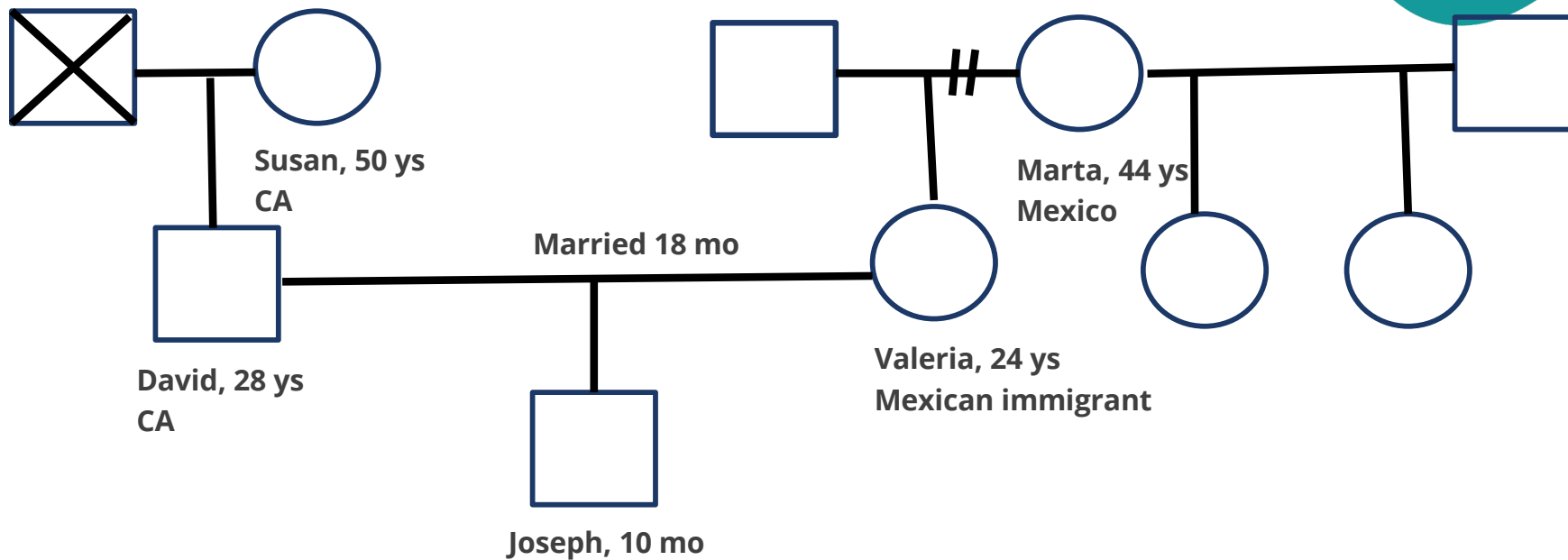3. Caregivers' beliefs about parenting and development

Cultural elements of the caregiver-clinician relationship

Summary

# Vignette



Susan, 50 ys
CA

David, 28 ys
CA

Married 18 mo

Joseph, 10 mo

Valeria, 24 ys
Mexican immigrant

Marta, 44 ys
Mexico

# Vignette

Joseph:
- 10 months old firstborn baby
- Difficulties transitioning to solid foods
- History of 3-month NICU hospitalization due to intestinal obstruction requiring surgery
- Formula fed due to mother's lack of breastmilk production
- Had challenges with oral feeds in NICU and received OT support until ready to go home
- Meeting developmental milestones

# Reflection

- How do you feel reading this information?
- If this was your client, what are some factors you need to consider?

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# Cultural Identity

- Family's self-identified culture

- How parents intend to raise their child with respect to culture

  - Multiculturality

  - Connection with culture of origin and host culture

  - Languages and preferences for teaching language

# Cultural Identity

**David – Joseph's father**
- 28-year-old Caucasian, English monolingual born and raised in CA working class neighborhood
- Raised in Christian faith but not engaged in faith
- Father wants Joseph to learn English

**Valeria – Joseph's mother**
- 24-year-old born in Mexico and moved to CA at age 17
- She identifies as Mexican raised in working middle class Catholic family
- Did not engage in faith until Joseph was in the NICU
- Met her husband 3 years ago and married right after she found out she was pregnant with Joseph. Processing her green card
- Bilingual, prefer to communicate in Spanish
- Wants Joseph to be bilingual
- Does not feel accepted by in-laws

# Cultural Identity

**Marta – maternal grandmother**
- 55 years, divorcee
- Self-identifies racially as White or Spanish descent
- Spanish monolingual
- Feels cannot connect with David
- Middle-class
- Importance of cooking and eating together to pass traditions

**Susan-  paternal grandmother**
- Caucasian and Christian
- Widowed
- Raised her children while working and knows how fast food and TV dinners can make life easy

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# Cultural Explanations of the Problem

- Who first noticed the problem?
- Is there congruence or difference between the parents' and extended family members' perceptions of the problem?
- What meaning do the parents give to the child's distress?
- What do the parents think caused the child's problem?
- What do the parents believe would help?
- Who do they want to be included in treatment?

# Cultural Explanations of the Problem

- Father
  - Problems are related to mother's worries about feeding
  - Wants mother to give baby commercial baby food to make things easy

- Mother
  - Could not breastfeed and feels baby has rejected her food since birth
  - Wonders if food eaten/nausea in pregnancy and lack of emotional support caused current problem

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# Cultural Factors re the Child's Environment:
## Life-space

- Describe the child's physical space
- What community does the family live in?
- Who lives in the home and what is their relationship to one another?
- What are the sleeping arrangements?
- What do the parents perceive as social supports and stressors in their environment?

# Cultural Factors re the Child's Environment:
## Life-space

- Lives in White working-class neighborhood
- Share one-bedroom house behind paternal grandmother's larger home
- Co-sleeps with parents although has a crib
- Has clean and organized space with variety of toys

# Cultural Factors re the Child's Environment:
## Caregiving network

- Who are the significant caregivers in the child's life?
- Have there been changes in the caregiving network?
- What are the family's perceptions of the caregiving network?

# Cultural Factors re the Child's Environment:
## Caregiving network

- Mother is a stay-at-home parent
- Dad works long hours in construction
- Paternal grandmother visits but is not allowed to hold or feed baby
- Maternal grandmother does not know about baby's feeding challenges

# Cultural Factors re the Child's Environment:
## Caregivers' beliefs about parenting and development

- What beliefs do the caregivers have about:
- Gender roles
- Disciplinary practices
- Goals and aspirations for the child
- Beliefs about children's role in the family
- Beliefs about parents' roles in parenting
- Sources the parents turn to for advice about parenting

# Cultural Factors re the Child's Environment:
## Caregivers' beliefs about parenting and development

- Mother
  - Worries about baby
  - Afraid others won't know how to take care of him
  - Wants Joseph to  be connected with her culture
- Father
  - Sees mother as primary provider
  - Wants to be present for baby since he lost his father as a child
  - Feels left out by mother's protectiveness
  - Wants Joseph to be integrated in American society

- Paternal grandmother
  - wants to feed baby because she has more experience
  - Does not believe in mental health services for baby

- Both grandmothers
  - Have strong opinions about parenting that are different from parents

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# Cultural Elements of the Caregiver-Clinician Relationship

- Differences in culture and social status between clinician and family
- Differences in understanding child's distress
- Communication difficulties
- Understanding of the role of others in the diagnosis and treatment process
- Parents' level of comfort with seeking help
- Caregiver's past experience with clinicians or service system

# Reflection

- How does this information change the way you think and feel about this case?
- What other factors would you need to consider if you were the clinician on this case?

# Diversity-Informed RSC/RP

- Cultivates critical self-reflection to promote self-awareness
- Explores issues of accountability, privilege, and power in the supervisory relationship (and parallel issues in the direct service relationship)
- Promotes decolonization of knowledge and practice
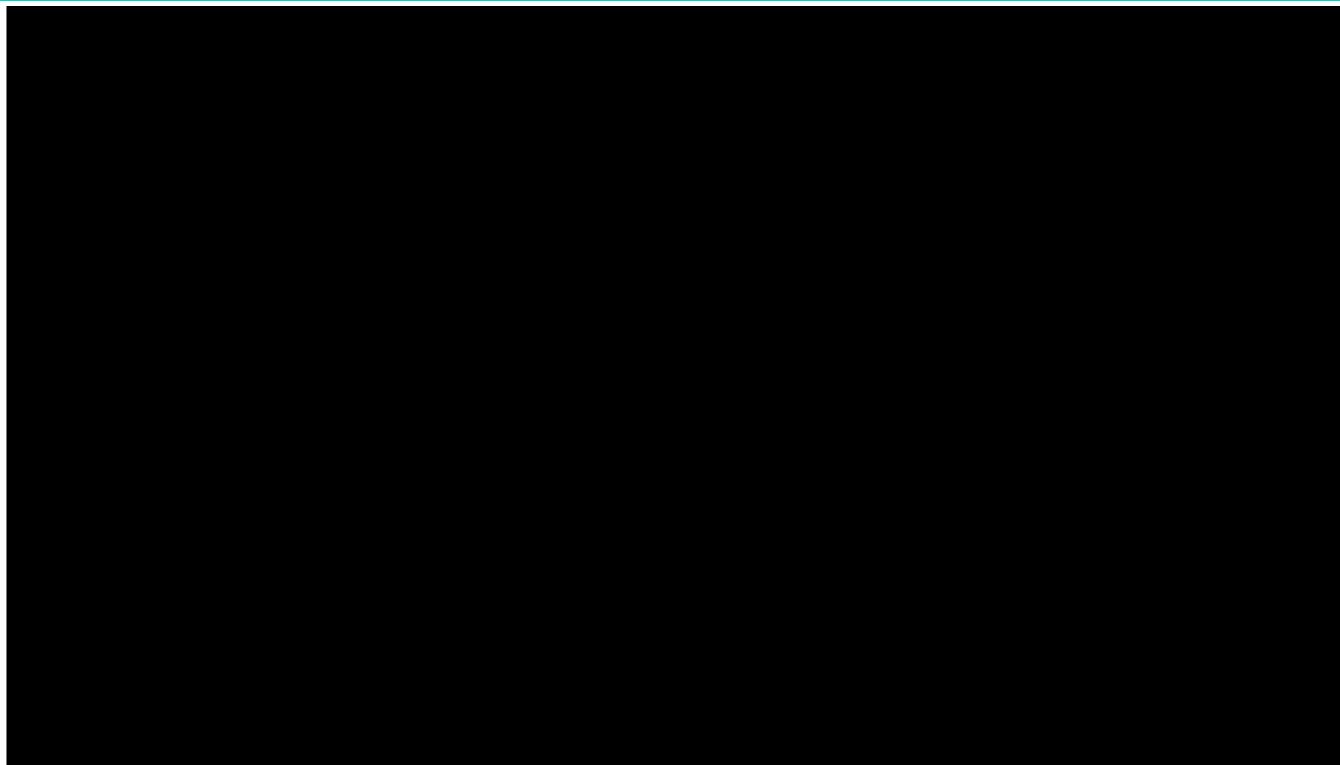- Promotes taking action to address barriers to social and racial justice

# Video Role Play

- Therapist is an immigrant from Latin American country
- Spanish is primary language
- New to the field of infant mental health
- Has strong rapport with Valeria but not as comfortable with David

# Video Role Play

# Reflection

- How did you see critical self-reflection being fostered or used in the supervisory relationship?
- How does the Cultural Formulation contribute to critical self-reflection and an understanding of this case?

# Caregiving Network

- Who are the significant caregivers in the child's life, and what are their roles?
- Have their been changes in the caregiving network?
- What are the family's perceptions of the caregiving network?

## Reflective Questions

**Clinician Asking Family:**
- I'm wondering about the people in your life that you can depend on.

**Supervisor Asking of Clinician:**
- Who can the parents turn to when they need help with the baby? When the paternal grandparents step in, how is that perceived by the two parents?

**Critical Self-Reflection by the Clinician and/or Supervisor:**
- What was my experience with caregiving by my extended family growing up and how does that influence expectations?

# Cultural Elements of the Relationship Between the Parents/Caregivers and the Clinician

## Reflective Questions

- Differences in culture and social status between clinician and family
- Differences in understanding child's distress
- Communication difficulties
- Understanding of the role of others in the diagnosis and treatment process
- Parents' level of comfort with seeking help
- Caregivers' past experiences with clinicians or service system

**Clinician asking Family**
- I'm a Latina who immigrated to this country, and I am comfortable speaking with you both in either Spanish or English. I'm wondering what it is like for you to work with me**?**

**Supervisor Asking Clinician**
- What would it be like for you to open a conversation about your own identities and social location, and to invite these parents to talk to you and to each other about theirs?

**Critical Self-Reflection by Clinician and/or Supervisor**
- What aspects of privilege do I hold in each of these relationships? What aspects does each parent hold? Am I finding myself feeling closer or more comfortable with one parent, compared to the other?

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# Summary

- The Cultural Formulation for Use With Infants and Toddlers can serve as a tool to promote a clinician's capacity for ongoing intentional critical reflection and awareness

- This is central to developing the understanding and skills needed to conduct equitable, culturally and diversity- sensitive assessments, case conceptualization, and diagnosis.

- Here attention to identifying and combating biases, oppressive practices, and honoring client families' ways of knowing, their ancestral wisdom, and strengths, is at the forefront.

- This process can reduce disparities by improving accurate diagnosis and promoting more equitable access to subsequent treatment services.

# Looking to the Future

- Cultural Formulation consistently integrated throughout all aspects of comprehensive clinical assessments, diagnosis, and treatment.

- Reflective supervision and consultation as integral components of early childhood service provision, across disciplines, licensure status, and role.

- Critical reflective practice, including conceptualizing a cultural formulation, incorporated consistently into reflective supervision/consultation, across disciplines and roles within early childhood service provision.

# References

Cole, E. R. (2020). Demarginalizing women of color in intersectionality scholarship in psychology: A Black feminist critique. *Journal of Social Issues*, *76*(4), 1036-1044.Ghosh Ippen, C., & Lewis, M. L. (2011). " They just don't get it": A diversity-informed approach to understanding engagement.

Lewis, M. L., & Ghosh Ippen, C. (2004). Rainbows of tears, souls full of hope: Cultural issues related to young children and trauma. In J. D. Osofsky (Ed.), *Young children and trauma: Intervention and treatment* (pp. 11–46). Guilford Press.

Marsella, A. J., & Yamada, A. M. (2000). Culture and mental health: An introduction and overview of foundations, concepts, and issues. In I. Cuéllar & F. A. Paniagua (Eds.), *Handbook of multicultural mental health* (pp. 3–24). Academic Press. linkoffsite link

Noroña, C. R. (2020). *A paradigm shift for group reflective supervision and consultation*. [Unpublished manuscript].

Noroña, C. R., & Raskin, E. (2020). Cultivating radical healing [Handout]. *Serving Immigrant Families Learning Collaborative, Cohort #1: Learning Session 1, Day 3: Caregiving for the Caregiver Part 2*.

Noroña, C.R, Wise-Kriplani, M. Williams, M & Lakatos, P.P. (2023). DC:0-5 Cultural Formulation as the Foundation for Case Conceptualization: Joseph, 10 Months Old. In K. Mulrooney, M. Keren, & J.D. Osofsky (Eds.), DC: 0:5 casebook: A guide to the use of the DC 0:5: Diagnostic classification of mental health and developmental disorders of infancy and early childhood in diagnostic assessment and treatment planning (pp.227-249). ZERO TO THREE.

# References

Noroña, C. R., Lakatos, P. P., Wise-Kriplani, M., & Williams, M. E. (2021). Critical self-reflection and diversity-informed supervision/consultation: Deepening the DC:0–5 cultural formulation. ZERO TO THREE Journal, 42(2), 62–71.

Reyes-Cruz,M. & Sonn, C. C. (2011). (De) colonizing culture in community psychology: Reflections from critical social science. American Journal of Community Psychology (pp. 203-214). Springer New York.

Sarche et al. (2019). Cultural perspectives for assessing infants and young children. In R. DelCarmen-Wiggins & A. Carter (Ed.), *The Oxford Handbook of Infant, Toddler, and Preschool Mental Health Assessment (2nd ed).*

St. John, M. S., Thomas, K., & Noroña, C. R. with the Irving Harris Foundation Professional Development Network Tenets Working Group. (2012). Infant mental health professional development: Together in the struggle for social justice. ZERO TO THREE Journal, 33(2), 13–22

Thomas, K., Norona, C. R., & St. John, M. S. (2019). Cross-sector allies together in the struggle   for social justice: Diversity-informed tenets for work with infants, children, and families. ZERO TO THREE Journal 39(3). 44-54.

WATTS-JONES, T. D. (2010). Location of self: Opening the door to dialogue on intersectionality in the therapy process. *Family Process*, *49*(3), 405-420.

University of Michigan. (2021). Social identity wheel.

ZERO TO THREE (2016). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood: DC:0 – 5.* Washington, DC: ZERO TO THREE.