Agenda:

• Highlight major points from last session
  • Introduce Epigenetics

• I-ECMH as an applied practice

• Continuum of Services for infants, toddlers, & families

• Assessments

• Evidence-based Interventions & Treatment Models
IMH [social-emotional development] is the developing capacity of the child from birth to 3

• to experience, regulate [manage], and express emotions;
• form close and secure interpersonal relationships; and
• explore and master the environment and learn

All in the context of family, community, and cultural expectations for young children.

Handbook of Infant Mental Health
Brain Development

Born with 100 billion of neurons waiting for connection through synapses

*Neurons that fire together, wire together.*

- Bruce Perry
“There is no such thing as a baby…. there is a baby and someone.”

-Donald Winnicott

- Transactional nature to development in relation to the infant’s environment
- Development is integrated
- Early experiences matter-
  - Sensitive/Critical periods
  - Epigenetics
What is Epigenetics?

This means the old idea that genes are “set in stone” has been disproven. Nature vs. Nurture is no longer a debate. It’s nearly always both!

For more information: https://developingchild.harvard.edu/epigenetics

Young Brains are particularly sensitive to epigenetic changes.

Experiences very early in life, when the brain is developing most rapidly, cause epigenetic adaptations that influence whether, when, and how genes release their instructions for building future capacity for health, skills, and resilience. That’s why it’s crucial to provide supportive and nurturing experiences for young children in the earliest years.

Services such as high-quality health care for all pregnant women, infants, and toddlers, as well as support for new parents and caregivers can—quite literally—affect the chemistry around children’s genes. Supportive relationships and rich learning experiences generate positive epigenetic signatures that activate genetic potential.
The brain’s **ability to change** in response to experiences

The **amount of effort** such change requires

**AGE**

2 4 6 8 10 20 30 40 50 60 70

**SOURCE: LEVITT (2009)**

Center on the Developing Child  HARVARD UNIVERSITY  www.developingchild.harvard.edu
Low, Mid, High Brain

Brain Stem
Limbic System
Cortex
Limbic Region

Amygdala:
- On-line at birth taking in information from external world
  - Fully developed at about 18 months of age
- Fear receptor of the brain
- Dependent on caregiver for interactive repair thru process known as attunement
- This is important because infants are unable to self-regulate
  - Co-regulation leads to self-regulation
Still-Face Paradigm

Still-face Paradigm, Dr. Ed Tronick
A Continuum from Stress to Trauma

Normative, Developmentally Appropriate Stress

Emotionally Costly Stress

Traumatic Stress

Center on the Developing Child.  www.developingchild.harvard.edu
Risk factors are not predictive factors because of protective factors

-Carl Bell, M.D.
University of Illinois Chicago
Infant-Early Childhood Mental Health

Continuum of services

- Promotion
- Prevention
- Intervention
- Treatment
I-ECMH as applied practice.....

- **Interdisciplinary** (Healthcare, Child Welfare, MH Clinicians, Early Intervention, Preventive Home Visiting Programs, Early care & Education)

- Competency-based

- Focus on healthy relationships
  - Caregiver——Child
  - Caregiver——Provider
  - Caregiver——Community
  - Provider——Provider
I-ECMH Support Services:

- Early Care & Education Consultation
- Emotional Support
  - Individual / Group
- Developmental guidance
- Early Intervention
- Pediatrician

- Advocacy
- Concrete Assistance
- Case Mgt
- Early Relationship Assessment
- Child-Parent Psychotherapy

Screening for services

- ASQ-SE
- ACE Scores (Prenatally)
- Depression Scales for caregiver
- Parental Stress Index
- ITSEA & BITESA
- Trauma Symptoms Checklist for Young Children
- Child Behavior Checklist
- Working Model of the Child Interview- Assessment
Screening for services

Problems last for one month, happen more often, or are stronger than expected for child's age:

- Bodily functions
- Upset by noise, touch, smells, etc
- Serious Developmental Delays
- Frequent Health problems
- Emotional difficulties:
  - anger, tantrums, sad, cries a lot, overly worried or scared, problems separating, overly quiet, shut down
- Challenging Behaviors- aggression, reckless
- Relationship Difficulties
- Responses to a scary event:
  - Avoiding talking, bad dreams, playing the event out, worrying bad things will happen spacing out, jumpy,

Screener available at childparentpsychotherapy.com
DC:0-5- Assessment

Diagnostic Classification for Mental Health and Developmental Disorders of Infancy and Early Childhood

- Axis I Clinical Disorders
- Axis II Relational Context
- Axis III Physical Health
- Axis IV Psychosocial Stressors
- Axis V Developmental Competence

CROSSWALK TO DSM-V AND ICD-10 FOR BILLING
I-ECMH Services

- Promotion - Public health initiatives and awareness campaigns
- Prevention - Home Visiting Services, such as Healthy Families, Early Head Start, Nurse-Family Partnership, Parents as Teachers
- Intervention & Treatment - Home-visiting and Center-based with master’s level mental health clinicians with specific competency training for families with young children

Early Intervention Developmental Services - Babies Can’t Wait
All require training and certification

1. Child-Parent Psychotherapy (CPP)- long-term
   www.childparentpsychotherapy.com

2. Circle of Security (COS, with parents and early childhood educators) www.circleofsecurityinternational.com
   - 8-week Group with pre-recorded video
   - 20+week Individual with video feedback

3. Parent-Child Interaction Therapy (PCIT)- 12-20 week, Center-based, ages 2-7 www.pcit.org

Treatment end Home-visiting model: Child First, long term and integrates CPP, www.childfirst.org
Circle of Security®
Parent Attending To The Child’s Needs

I need you to...
Support My Exploration
- Watch Over Me
- Delight In Me
- Help Me
- Enjoy With Me

I need you to...
Welcome My Coming To You

Secure Base
- Protect Me
- Comfort Me
- Delight In Me
- Organize My Feelings

Safe Haven

Always: be Bigger, Stronger, Wiser, and Kind
Whenever possible: follow my child’s need
Whenever necessary: take charge

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I-ECMH Treatment Goals

- Increase caregiver sensitivity to see from child’s perspective
- Increase nurturing, responsive, and protective child-caregiver relationship
- Decrease problem behaviors in children
- Decrease depression in caregiver
- Improve social-emotional regulation in child
- Decrease abuse and neglect
- Increase family stability and connection to needed services and supports

Ultimate Impact:
A society that values healthy relationships in which all have equal opportunity to be physically, cognitively, and emotionally well
Georgia’s IMH Needs

- **Coordinated system of care** for mental health needs of infants and young children with interdisciplinary referral system
- **Workforce development and competency-level training** across agencies and disciplines to effectively serve birth to 5 and their families in the full continuum of services (promotion, prevention, intervention, and treatment)
- **Clear medicaid billing structure and codes** for mental and behavioral health for children birth to 5 and mothers pre- and postnatally
- **Funding streams**
From a policy perspective, it is in society’s interest to strengthen the foundations of healthy brain architecture in all young children to maximize the return on future investments in education, health, and workforce development.

-Center on the Developing Child, Harvard University
Resources

Child Trauma Academy
www.childtrauma.org

Zero To Three
zerotothree.org

Center on the Developing Child
www.developingchild.harvard.edu

Circle of Security
circleofsecurityinternational.com

Child First Home Visiting Model
www.childfirst.org
https://www.youtube.com/watch?v=V5HWrktkqto&feature=youtu.be
References

Center on the Developing Child.  www.developingchild.harvard.edu
Child Trauma Academy, www.childtraumaacademy.org