



Infant Mental Health Approaches and IDEA Part C Position Paper

Background

Infant mental health approaches are receiving increasing attention by a variety of service systems. Research in the fields of infant development, early brain development and attachment theory, as well as evidence of the effectiveness of relationship-based approaches, account for at least some of this increased attention (Heffron, 2000). The IDEA Infant Toddler Coordinators' Association (ITCA) believes that infant mental health approaches should be effectively integrated into the provision of all early intervention services as defined by Individuals with Disabilities Education Act (IDEA), Part C. The ITCA recognizes that "a child's parents and other family members are usually the primary individuals supporting and nurturing the child's growth, development and learning" (ITCA, April, 2000). Infant mental health approaches always support the child within the context of his/her relationship with parents and other primary caregivers.

For all children, but perhaps even more so for young children with disabilities, interactions with caregivers shape a child's ability to learn, give and accept love, feel confident and secure, and demonstrate empathy and curiosity – all abilities that are central to success in school (Oser & Cohen, 2003; Lerner & Ciervo, 2004).

The importance of nurturing and supportive primary care giving relationships is also highlighted in From Neurons to Neighborhoods:

"Parents and other regular caregivers in children's lives are "active ingredients" of environmental influence during the early childhood period. Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted and the consequences can be severe and long lasting. If provided or restored, however, a sensitive caregiving relationship can foster remarkable recovery." (National Research Council and Institute of Medicine (2000), p. 7.).

Therefore, if early intervention is to promote positive developmental outcomes for infants and toddlers in IDEA Part C, it must support the primary care giving relationship. The IDEA Part C early intervention system can play an important role in highlighting to families, service providers, and policymakers, the importance of social and emotional development and the overall mental health of young children and families, and the need for capacity-building in this arena.

Purpose

The purpose of this position paper is to define and support the appropriate application of infant mental health approaches through early intervention supports and services under IDEA Part C,

with families of infants and toddlers who have or who are at-risk for developmental delays and disabilities. The integration of these approaches into early intervention will help teams support parents in providing consistent, sensitive, and responsive parenting in order to promote their children's development.

Recent public policy changes, including the reauthorization of IDEA (2004) and changes to the Child Abuse Prevention and Treatment Act (CAPTA, 2002), now require the referral of children birth to three when there is substantiated abuse or neglect or illegal substance use. While not changing IDEA Part C eligibility, these changes recognize the role that early intervention can play in promoting the healthy development of young children who may be affected by adverse factors in the family environment, including abuse and neglect, homelessness and substance use. Enhanced infant mental health approaches, as well as effective interagency collaborations across state systems will be needed to help promote the social and emotional development of these and other eligible children. In addition to promoting healthy social and emotional development, many children served through Part C are at higher risk for behavioral problems and mental health disorders (including, traumatic stress disorders, regulatory or adjustment disorders, disorders of mood, relationship disorder etc.). It is therefore essential that IDEA Part C promotes relationship-based approaches within early intervention practice, as well as work across service systems to promote a full continuum of infant/early childhood mental health services are available to meet the needs of families.

Definitions

Infant Mental Health has been well defined by internationally recognized professional organizations.

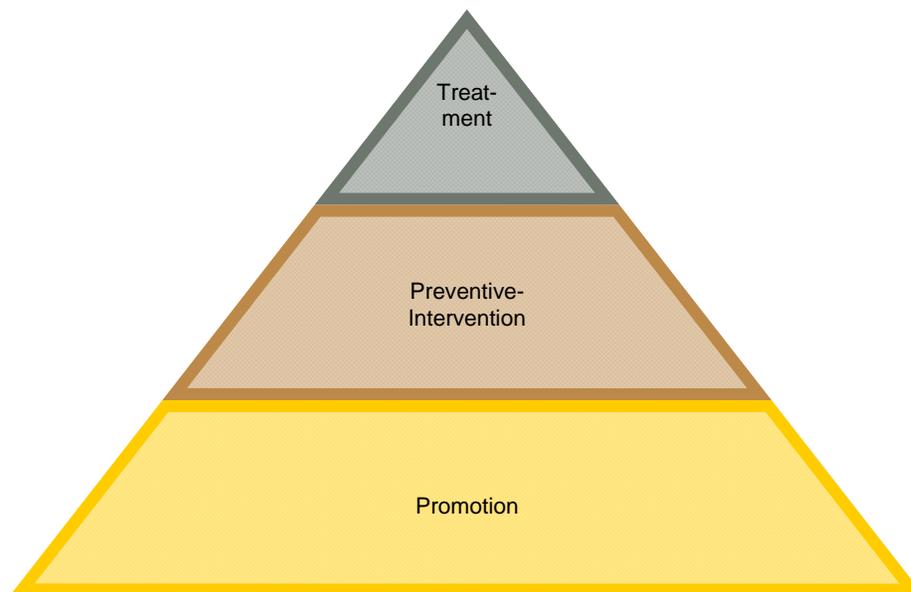
ZERO TO THREE defines infant mental health as, ". . . *the developing capacity of the child from birth to age 3 to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn -- all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.*"

The World Association of Infant Mental Health describes infant mental health as, "*... a field dedicated to understanding and treating children 0-3 years of age within the context of family, caregiving and community relationships.*"

Infant mental health is a term that is used both to describe the *state* of social and emotional well being in young children, and to describe a *field* of practice and research. In both uses of the term, the child is considered within the context of the relationship with his/her primary caregivers. The National Scientific Council on the Developing Child recognizes that "young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral".

Infants rely on their parents and other primary caregivers to help them regulate and, over time, learn culturally acceptable ways to respond to and express emotions. Infant development begins and continues within the context of an emotional relationship. We cannot understand and support the social and emotional development of infants and toddlers without also understanding and supporting their relationships with parents and other primary caregivers.

Infant mental health encompasses a continuum of approaches in working with young children and their families that include: the *promotion* of healthy social and emotional development; the *preventive-intervention* of mental health difficulties; and the *treatment* of mental health conditions among very young children in the context of their families. The following pyramid illustrates that promoting healthy social and emotional development should be done with all children and forms the base of this pyramid; that preventive-intervention occurs with those young children with or at-risk for social / emotional delays; and treatment for those few young children at the top of pyramid, whose needs can be addressed by mental health providers who can work with the child and family.



Infant Mental Health and IDEA, Part C

IDEA Part C promotes the development of infants and toddlers with or at risk for developmental delays or disabilities, and enhances the capacity of families to support their child's development. Part C takes a comprehensive approach to development, addressing all areas of development – cognitive, physical, communication, social and emotional, and adaptive skills. It is the position of the ITCA that the development of strong positive relationships between children served through Part C and their parents/primary caregivers, as well as the development of social-emotional skills (such as self-regulation, self-confidence, coping with frustration and getting along with others) are essential in achieving early intervention goals, and future success of eligible children.

The following are examples of infant mental health approaches that can be promoted through IDEA Part C services and activities:

Promotion of healthy social and emotional development:

- Providing information about social-emotional development in the context of care giving relationships to all parents, health care providers, child care providers, etc., as part of child find and public awareness efforts.
- Disseminating information about the early foundations of school readiness to parents of young children with disabilities, and talking to them about how these apply to their children. For example, encouraging curiosity in a child who needs assistance in mobility or developing self-regulation in a premature infant.
- Routinely talking about social and emotional milestones as part of developmental anticipatory guidance on home visits.
- Integrating infant mental health concepts into trainings for personnel working with young children and their families.

Preventive-Intervention to support healthy parent/caregiver-child relationships:

- Screening and assessment of social and emotional development as part of the early identification process.
- Carefully listening to families to help them identify, clarify, and address issues that may be affecting the developing relationship with their child (Heffron, 2000).
- Working with community mental health and public health providers, when there is concern about maternal depression, parental substance abuse and other family mental health disorders.
- Assisting parents/caregivers to understand and respond sensitively to the cues the child gives.
- Supporting families as they increase their coping skills and build resilience in their children (Heffron, 2000).
- Consulting with parents through relationship based practice, in order to promote the parent-child relationship.

Treatment including various models of parent-infant psychotherapy:

- Assisting eligible children to access mental health providers for appropriate diagnostic and treatment services within the context of their family.
- Maintaining a collaborative relationship between the parent/caregiver, early intervention team members and mental health treatment professionals to assure coordinated intervention efforts.
- Creating or adapting models for cross-disciplinary work between mental health and early intervention providers - e.g., implementing a mental health consultation model to support early intervention personnel; creating a team approach between a home visitor and an infant mental health specialist.

Early intervention supports and services must always be delivered in ways that promote the primacy of sensitive, responsive and nurturing parent-child relationships. Service strategies must never interfere with this important relationship. Early intervention personnel must receive

the support needed to recognize and understand how developmental delays and other conditions, that may be present in either the child or the parent, may influence the parent-child relationship and developmental outcomes. Through this understanding, early intervention personnel are in a good position to help prevent the development of relationship difficulties through their own relationship with the family. Additionally, early interventionists, with training and support, are able to work with parents as they assess the need for and seek more specific infant mental health interventions when the parent-child relationship is troubled.

Enhancing the knowledge and practice base of early intervention personnel in the areas of social and emotional development, including attachment theory and parent-child interactions is critical. Early intervention personnel, including those conducting developmental screenings and evaluations/assessments must take into account the full range of influences on each child's early development. The complexity of evaluating the development of a young child who has been exposed to violence, traumatized in other ways, or whose early care has been negatively influenced by homelessness, parental mental illness, or illicit drug use is not to be underestimated. Now, more than ever, multi-agency community collaborations are necessary to increase knowledge and appropriate practices among all professionals who interact with families of young children who face multiple challenges.

The ITCA recognizes that the provision of infant mental health supports and services must include a cross agency approach, including a state's children's mental health system. The National Center for Infant and Early Childhood Health Policy (Zeanah et. al., 2005) also recognize the importance of linkages across early intervention programs and public mental health services at the state and local levels and recommend high-level state mental health participation in the development and coordination of early intervention and prevention programs. State Interagency Coordinating Councils, which now have a children's mental health representative as required under IDEA 2004, could assist with planning and coordination in this area.

Infant Mental Health Approaches in Early Intervention

As infant mental health approaches are integrated into the work of early intervention

Part C, the following skills and strategies can effectively be used (Weatherston, 2002, pp. 4-5):

- 1. Building relationships and using them as instruments of change;*
- 2. Meeting with the infant and parent together throughout the period of intervention;*
- 3. Sharing in the observation of the infant's growth and development;*
- 4. Offering anticipatory guidance to the parent that is specific to the infant;*
- 5. Alerting the parent to the infant's individual accomplishments and needs;*
- 6. Helping the parent to find pleasure in the relationship with the infant;*
- 7. Creating opportunities for interaction and exchange between parent(s) and infant or parent(s) and practitioner;*
- 8. Allowing the parent to take the lead in interacting with the infant or determining the "agenda" or "topic for discussion";*
- 9. Identifying and enhancing the capacities that each parent brings to the care of the infant;*
- 10. Remaining open, curious and reflective.*

Additional skills and strategies used by specifically trained infant mental health specialists are also needed by some families being served through early intervention systems. These skills and strategies include:

1. *Wondering about the parent's thoughts and feelings related to the presence and care of the infant and the changing responsibilities of parenthood;*
2. *Wondering about the infant's experiences and feelings in interaction with and relationship to the care giving parent;*
3. *Listening for the past as it is expressed in the present—inquiring and talking;*
4. *Allowing core relational conflicts and emotions to be expressed by the parent—holding, containing, and talking about them as the parent is able;*
5. *Attending and responding to parental histories of abandonment, separation, and unresolved loss as they affect the care of the infant, the infant's development, the parent's emotional health and early developing relationship;*
6. *Identifying, treating, and/or collaborating with others if needed in the treatment of disorders of infancy, delays and disabilities, parental mental illness, and family dysfunction.* (Weatherston, 2002, p. 5).

ITCA Recommendations:

The ITCA recommends that the following be addressed in order to promote effective infant mental health approaches in IDEA Part C:

- Train early intervention personnel in the areas of early social and emotional development including attachment theory and parent-child interactions;
- Utilize screening tools and procedures that specifically address early social and emotional development as part of state's child find efforts;
- Include mental health / infant mental health professionals on evaluation teams, especially when evaluating children who are homeless, wards of the state, who have experienced traumatic separations from their primary caregivers, or who may have been traumatized by domestic violence, child abuse or neglect;
- Use the Diagnostic Classification of Mental Health and Other Developmental Disorders in Infancy and Early Childhood (DC:0-3) as diagnostic processes and codes for Medicaid and private health insurance plan reimbursement;
- Promote reimbursement by Medicaid of the full range of early intervention services that include family counseling, psychological and social work services, if listed on the Individualized Family Service Plan (IFSP);
- Use of relationship-based and family-focused intervention strategies by early intervention personnel, regardless of professional discipline or the service being provided;
- Partner with state's infant mental health / children's mental health efforts to effectively utilize resources, coordinate efforts, and enhance the knowledge and practice base of all professionals interacting with families of infants and toddlers;
- Work across state agencies and service systems to increase the pool of counselors, social workers, psychologists and other clinical staff who are trained and competent in infant mental health intervention practices.
- Make available mental health consultation to early intervention teams in order to support their intervention with specific children and families, as well as to promote the capacity of personnel to use appropriate infant mental health approaches; and

- Promote reflective supervision opportunities for direct early intervention staff that recognize the potential stress of providing relationship based practice and allows for adequate reflection. Clinical supervision is necessary for early intervention personnel who are providing clinical services to families.

References:

Heffron, M.C. (2000). *Clarifying concepts of infant mental health—promotion, relationship-based preventive intervention and treatment*. *Infants and Young Children*, 12(4): 14-21.

ITCA, (2000). Position paper on the provision of early intervention services in accordance with federal requirements on natural environments. IDEA Infant Toddler Coordinators' Association Board of Directors, April 3, 2000.

Lerner, C. and Ciervo, L. (2004). *Getting ready for school begins at birth: how to help your child learn in the early years*. Washington, DC: ZERO TO THREE.

National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

National Scientific Council on the Developing Child (2004) *Young Children Develop in an Environment of Relationships* Working Paper #1.

Oser, C. and Cohen, J. (2003). *Improving early intervention: using what we know about infants and toddlers with disabilities to reauthorize Part C of IDEA*. Washington, DC: ZERO TO THREE Policy Center.

World Association of Infant Mental Health (Jan.18, 2005) <http://www.waimh.org/careers.htm>

Weatherston, D.J. (2002). Introduction to the infant mental health program. In J.J. Shirilla and D.J. Weatherston (Eds.), *Case studies in infant mental health: Risk, Resiliency, and Relationships*. Pp.1-13. Washington, D.C.: ZERO TO THREE.

Zeanah P, Stafford B., Nagle G., Rice T. Addressing Social –Emotional Development and Infant Mental Health in Early Childhood Systems. Los Angeles, CA: The National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No 12.

ZERO TO THREE. A presentation by Cindy Oser, R.N., M.S., Director ZTT West for the HRSA/MCHB Grantees meeting on October 5, 2004. <http://www.zerotothree.org/polic>